


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90038 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004009

1. Corporation Name
BIRCH & DAVIS ASSOCIATES, INC.

Principal Place of Business 8905 FAIRVIEW RD. SILVER SPRING MD 20910 US	Mailing Address 8905 FAIRVIEW RD. SILVER SPRING MD 20910 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 08/06/1996	
4. FEI Number 52-1069745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRCH, HERBERT M JR.	1.2 NAME	Stuart W. Friedman
STREET ADDRESS	8905 FAIRVIEW RD.	1.3 STREET ADDRESS	8905 Fairview Road Suite 200
CITY-ST-ZIP	SILVER SPRINGS MD 20910	1.4 CITY-ST-ZIP	Silver Spring, MD 20910
TITLE	PCED <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, WILLIE H	2.2 NAME	Robert D. Smith
STREET ADDRESS	8905 FAIRVIEW RD.	2.3 STREET ADDRESS	8905 Fairview Road Suite 200
CITY-ST-ZIP	SILVER SPRINGS MD 20910	2.4 CITY-ST-ZIP	Silver Spring, MD 20910
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURE, KERRY G	3.2 NAME	Harry Siegel
STREET ADDRESS	8905 FAIRVIEW RD.	3.3 STREET ADDRESS	8905 Fairview Road Suite 200
CITY-ST-ZIP	SILVER SPRINGS MD 20910	3.4 CITY-ST-ZIP	Silver Spring, MD 20910
TITLE	SDVC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELTON, DIANNE L	4.2 NAME	
STREET ADDRESS	8905 FAIRVIEW RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS MD 20910	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, RICHARD J.	5.2 NAME	
STREET ADDRESS	8905 FAIRVIEW ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS MD 20910	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, MILTON	6.2 NAME	
STREET ADDRESS	8905 FAIRVIEW RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS MD 20910	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dianne L. Felton 3/11/99 301-589-6760
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)