


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90008 007 ****61.25

DOCUMENT # F99000001740

1. Entity Name
SUCCESS FOR ALL FOUNDATION, INC.



Principal Place of Business
 200 WEST ~~TOWNSTOWN~~ BLVD
 BALTIMORE, MD 21204-5200
Towsontown

Mailing Address
 200 WEST ~~TOWNSTOWN~~ BLVD
 BALTIMORE, MD 21204-5200
Towsontown

54056244



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03112003 Chg-NP CR2E037 (10/03)

4. FEI Number
52-2061820

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SLAVIN, ROBERT E <input type="checkbox"/> Delete 200 WEST TOWNSTOWN BLVD BALTIMORE, MD <i>21204 Towsontown</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADDEN, NANCY A <input type="checkbox"/> Delete 200 WEST TOWNSTOWN BLVD <i>Towsontown</i> BALTIMORE, MD <i>21204</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS STRINGFIELD, KATHLEEN <input checked="" type="checkbox"/> Delete 200 WEST TOWNSTOWN BLVD BALTIMORE, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARNHOLZ, JOHN <input type="checkbox"/> Delete 200 WEST TOWNSTOWN BLVD <i>Towsontown</i> BALTIMORE, MD <i>21204</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDLER, MARION <input type="checkbox"/> Delete 200 WEST TOWNSTOWN BLVD <i>Towsontown</i> TOWSON, MD 21204 <i>21204</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDLER, HERBERT <input type="checkbox"/> Delete 200 WEST TOWNSTOWN BLVD <i>Towsontown</i> BALTIMORE, MD <i>21204</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CFO</i> Morin, Roger A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 West <i>Towsontown</i> Blvd. Baltimore, MD 21204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>COO</i> Gritton, Mark T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 West <i>Towsontown</i> Blvd Baltimore, MD 21204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roger A. Morin* **CFO** **5/19/04** **410-616-2300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #