

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 29, 2005**  
**Secretary of State**

DOCUMENT# F99000001740

Entity Name: SUCCESS FOR ALL FOUNDATION, INC.

**Current Principal Place of Business:**

200 WEST TOWSONTOWN BLVD  
BALTIMORE, MD 212045200

**New Principal Place of Business:**

**Current Mailing Address:**

200 WEST TOWSONTOWN BLVD  
BALTIMORE, MD 212045200

**New Mailing Address:**

FEI Number: 52-2061820      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: SLAVIN, ROBERT E  
Address: 200 WEST TOWSONTOWN BLVD  
City-St-Zip: BALTIMORE, MD 21204

Title: PD      ( ) Delete  
Name: MADDEN, NANCY A  
Address: 200 WEST TOWSONTOWN BLVD  
City-St-Zip: BALTIMORE, MD 21204

Title: CFO      ( ) Delete  
Name: MORIN, ROGER A  
Address: 200 WEST TOWSONTOWN BLVD  
City-St-Zip: BALTIMORE, MD 21204

Title: SD      ( ) Delete  
Name: ARNHOLZ, JOHN  
Address: 200 WEST TOWSONTOWN BLVD  
City-St-Zip: BALTIMORE, MD 21204

Title: D      ( ) Delete  
Name: SANDLER, MARION  
Address: 200 WEST TOWSONTOWN BLVD  
City-St-Zip: BALTIMORE, MD 21204

Title: D      ( ) Delete  
Name: SANDLER, HERBERT  
Address: 200 WEST TOWSONTOWN BLVD  
City-St-Zip: BALTIMORE, MD 21204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER A. MORIN

CFO

06/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date