

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Alarham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:28

DOCUMENT # **P30682** (9)
1. Corporation Name
SHOPPER'S EXPRESS, INC.

Principal Place of Business Mailing Address
4701 SANGAMORE ROAD 4701 SANGAMORE ROAD
SUITE P-15 SUITE P-15
BETHESDA MD 20816 BETHESDA MD 20816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/21/1990** 3a. Date of Last Report **02/03/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		52-1500013		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 agent 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

Signature, Title or printed name of registered agent and (S) or (A) as applicable

Printed Registered Agent signature (required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPCE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUTINGER, ELAN J.	12 NAME	
STREET ADDRESS	2927 44TH ST., N.W.	13 STREET ADDRESS	
CITY, ST, ZIP	WASHINGTON DC	14 CITY, ST, ZIP	
TITLE	DEVP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERNAN, RICHARD W.	22 NAME	
STREET ADDRESS	4920 SENTINEL DRIVE	23 STREET ADDRESS	
CITY, ST, ZIP	BETHESDA MD	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, JEFFREY R.	32 NAME	
STREET ADDRESS	5815 MADAKET ROAD	33 STREET ADDRESS	
CITY, ST, ZIP	BETHESDA MD	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, BRUCE C.	42 NAME	
STREET ADDRESS	7108 HEATHWOOD CT	43 STREET ADDRESS	
CITY, ST, ZIP	BETHESDA MD	44 CITY, ST, ZIP	
TITLE	DVPT	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETRICH, WILLIAM C.	52 NAME	REMOVE
STREET ADDRESS	6 YEARLING COURT	53 STREET ADDRESS	
CITY, ST, ZIP	ROCKVILLE MD	54 CITY, ST, ZIP	
TITLE	VP	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERNAN, KARA L	62 NAME	REMOVE
STREET ADDRESS	3916 BLACKTHORN ST	63 STREET ADDRESS	
CITY, ST, ZIP	CHEVY CHASE MD	64 CITY, ST, ZIP	

14. I (we) hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I (we) 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD W. KERNAN

SECRETARY

3/29/95

301-229-2760