


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90019 006 \*\*\*150.00

<b>DOCUMENT # F01000000041</b>			
1. Entity Name AAICORPORATIONOFMARYLAND			
Principal Place of Business 124 INDUSTRY LANE HUNT VALLEY, MD 21030		Mailing Address P.O. BOX 126 HUNT VALLEY, MD 21030	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-0583724		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CTCORPORATIONSYSTEM 1200SOUTHPINEISLANDROAD PLANTATION,FL33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ERKENEFF,RICHARDR 124INDUSTRYLANE HUNTVALLEY,MD21030 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Malooly,AustinT 124 Industry Lane Hunt Valley, MD 21030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO PERRY,JAMESH 124INDUSTRYLANE HUNTVALLEY,MD21030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CFO/T/D Perry, James H. 124 Industry Lane Hunt Valley, MD 21030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WORTHING,ROBERTW 124INDUSTRYLANE HUNTVALLEY,MD21030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/GC/D Worthing, Robert W. 124 Industry Lane Hunt Valley, MD 21030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGAS MECINSKI,STANLEYJ.R. 124INDUSTRYLANE HUNTVALLEY,MD21030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Mecinski, Stanley J Jr. 124 Industry Lane Hunt Valley, MD 21030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC REINHARDT,FRANCIS 124INDUSTRYLANE HUNTVALLEY,MD21030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Sibley, Cynthia A. 124 Industry Lane Hunt Valley, MD 21030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EPD STRADER,FREDERICKM 124INDUSTRYLANE HUNTVALLEY,MD21030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D Strader, Frederick M. 124 Industry Lane Hunt Valley, MD 21030 <input checked="" 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 607, 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: <u>Cynthia A. Sibley</u>		Cynthia A. Sibley, Asst. Sec. 410-683-6417	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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