FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 16 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 680088 (2)

1. Corporation Name
NATIONAL MINTING DISTRIBUTION CENTER, INC.

Principal Place of Business	Mailing Address
6110 EXECUTIVE BLVD SUITE 415 ROCKVILLE MD 20852	6110 EXECUTIVE BLVD SUITE 415 ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/21/1980
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business
21 11821 Parklawn Drive
22 Suite, Apt. #, etc. Suite 100
23 City & State Rockville, MD
24 Zip 20852 25 Country USA

2a. Mailing Address
26 11821 Parklawn Drive
27 Suite, Apt. #, etc. Suite 100
28 City & State Rockville, MD
29 Zip 20852 30 Country USA

4. FEI Number: 59-2011450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President	☒ Change ☐ Addition
NAME	COHEN, HOWARD	1.2 NAME	COHEN, HOWARD	
STREET ADDRESS	6110 EXECUTIVE BLV #415	1.3 STREET ADDRESS	11821 Parklawn Drive Suite 100	
CITY-ST-ZIP	ROCKVILLE MD	1.4 CITY-ST-ZIP	Rockville, MD 20852	
TITLE	ST	2.1 TITLE	Secretary, Treasurer	☒ Change ☐ Addition
NAME	COHEN, HOWARD	2.2 NAME	COHEN, HOWARD	
STREET ADDRESS	6110 EXECUTIVE BLV #415	2.3 STREET ADDRESS	11821 Parklawn Drive Suite 100	
CITY-ST-ZIP	ROCKVILLE MD	2.4 CITY-ST-ZIP	Rockville, MD 20852	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] HOWARD COHEN 3/10/95 301-770-5460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0474804 FP