

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **812658** (3)  
1. Corporation Name  
**CC RETAIL SERVICES, INC.**



Principal Place of Business <b>300 ST PAUL PLACE BALTIMORE 2 MARYLAND 21202</b>	Mailing Address <b>300 ST PAUL PLACE BSP100 BALTIMORE 2 MARYLAND 21202 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/28/1958</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>52-0706806</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

**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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ATS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANEDY, K.A.	1.2 NAME	
STREET ADDRESS	300 ST PAUL PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALT, MD 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVALL, J.B.	2.2 NAME	
STREET ADDRESS	300 ST. PAUL PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, J.I.	3.2 NAME	
STREET ADDRESS	300 ST PAUL PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALT, MD 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOLEY, D A	4.2 NAME	
STREET ADDRESS	300 ST. PAUL PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLUNG, A.K.	5.2 NAME	
STREET ADDRESS	300 ST. PAUL PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNE, D.A.	6.2 NAME	
STREET ADDRESS	300 ST PAUL PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)