

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91258 016 \*\*\*150.00

**DOCUMENT # 815594**

1. Entity Name  
**C.J. LANGENFELDER & SON, INC.**



Principal Place of Business  
**8427 PULASKI HIGHWAY  
PO BOX 9606  
BALTIMORE, MD 21237-0606 US**

Mailing Address  
**8427 PULASKI HIGHWAY  
PO BOX 9606  
BALTIMORE, MD 21237-0606 US**

2. Principal Place of Business  
**4940 Campbell Blvd.**

3. Mailing Address  
**4940 Campbell Blvd.**

Suite, Apt. #, etc.  
**Suite 100**

Suite, Apt. #, etc.  
**Suite 100**

04292004 Chg-P CR2E034 (10/03)

City & State  
**Baltimore, Md 21236-5910**

City & State  
**Baltimore, MD 21236-5910**

4. FEI Number  
**52-0552293**

Applied For  
Not Applicable

Zip Country  
**21236-5910 US**

Zip Country  
**21236-5910 US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SCHEFLER, CHARLES**  
STREET ADDRESS **714 E. SEMINARY AVE**  
CITY-ST-ZIP **TOWSON, MD**

TITLE **D** ☐ Change ☒ Addition  
NAME **BAKER, JAMES E.**  
STREET ADDRESS **120 E. BALTIMORE ST, STE 2100**  
CITY-ST-ZIP **BALTIMORE, MD 21202**

TITLE **VP** ☒ Delete  
NAME **LOHMAN, STEPHEN R**  
STREET ADDRESS **13316 LOCKSLEY LANE**  
CITY-ST-ZIP **SILVER SPRING, MD**

TITLE ☒ Change ☐ Addition  
NAME **SCHEELER, CHARLES**  
STREET ADDRESS **714 SEMINARY AVE**  
CITY-ST-ZIP **TOWSON, MD 21286**

TITLE **PD** ☐ Delete  
NAME **LUNDEN, KENNETH C**  
STREET ADDRESS **11317-BUCKLEBERRY PATH**  
CITY-ST-ZIP **COLUMBIA, MD 21044**

TITLE ☒ Change ☐ Addition  
NAME **LUNDEEN, KENNETH C**  
STREET ADDRESS **11317. BUCKLEBERRY PATH**  
CITY-ST-ZIP **COLUMBIA, MD 21044**

TITLE **V** ☒ Delete  
NAME **TRESSLER, DALE E.**  
STREET ADDRESS **431 FOX CATCHER ROAD**  
CITY-ST-ZIP **BEL AIR, MD**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **ELLIOTT, HARRY M.**  
STREET ADDRESS **7 TURNBERRY COURT**  
CITY-ST-ZIP **LUTHERVILLE, MD**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VT** ☐ Delete  
NAME **STRAUCH, CHRISTOPHER**  
STREET ADDRESS **1848 CHURCH RD**  
CITY-ST-ZIP **BALTIMORE, MD 21222**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**C. J. Strauch, Vice President**

**04/29/04**

Date

**410-931-9595**

Daytime Phone #