2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 827183

1. Entity Name
ORLANDO CENTRAL PARK, INC.

Principal Place of Business	Mailing Address
~~8529 SOUTH PARK CIR. STE 210~~ 8501 Commodity Circle ORLANDO, FL 32819 US	~~8529 SOUTH PARK CIR. STE 210~~ 8501 Commodity Circle ORLANDO, FL 32819 US

DO NOT WRITE IN THIS SPACE

07132004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2698354 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~TROAN, JEFF~~
~~8529 SOUTH PARK CIR #210~~
~~ORLANDO, FL 32819~~

Corporation Service Company
1201 Hayes St., Tallahassee, FL 32301

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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 Cynthia A. Harris Cynthia L. Harris as its agent 400039306704 7/20/04

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	~~V~~ P
NAME	TROAN, JEFF
STREET ADDRESS	8529 SOUTH PARK CIR. STE 210
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	QUINN, THOMAS
STREET ADDRESS	~~191 CHESAPEAKE PARK PLAZA~~ See attached.
CITY-ST-ZIP	BALTIMORE, MD
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Karen J. Barrett, Assistant Secretary Karen J. Barrett 7/15/04 (301) 897-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B 292

ORLANDO CENTRAL PARK, INC.

Directors and Officers

Directors	Title	Business Address
James J. Denapoli	Director	100 S. Charles Street Suite 1400 Baltimore, MD 21201
Thomas J. Quinn	Director	Same as above
Anthony G. Van Schaick	Director	6801 Rockledge Drive Bethesda, MD 20817
Officers	**Title**	**Business Address**
Anthony G. Van Schaick	Chairman and Treasurer	6801 Rockledge Drive Bethesda, MD 20817
Geoffrey Troan	President	8501 Commodity Circle Orlando, FL 32819
Gary Conaway	Vice President	100 S. Charles Street Suite 1400 Baltimore, MD 21201
James J. Denapoli	Secretary	Same as above
Connie Mearkle	Assistant Treasurer	6801 Rockledge Drive Bethesda, MD 20817
Karen J. Barrett	Assistant Secretary	Same as above
Charles Wilkinson	Assistant Secretary	100 S. Charles Street Suite 1400 Baltimore, MD 21201
Stuart D. Goldstein	Assistant Secretary (tax)	6801 Rockledge Drive Bethesda, MD 20817
Frederick O. Kemmer	Assistant Secretary (tax)	Same as above

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 807695 7160570

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 550.00

ORDER DATE : July 16, 2004

ORDER TIME : 10:54 AM

ORDER NO. : 807695-010

CUSTOMER NO: 7160570

CUSTOMER: Karen Barrett, M/p 207
Lockheed Martin Corporation
6801 Rockledge Drive

Bethesda, MD 20817

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NAME: ORLANDO CENTRAL PARK, INC.

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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____