

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 837918 (2)  
1. Corporation Name  
MAR, INCORPORATED OF MARYLAND

FILED  
97 JUN 20 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1800 ELLER DRIVE  
110  
FT. LAUDERDALE FL 33316  
US

Mailing Address  
8110 EXECUTIVE BLVD  
410  
ROCKVILLE MD 20852-3993  
US

3. Date Incorporated or Qualified  
02/24/1977

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YODER, ALLAN L  
1800 ELLER DRIVE  
SUITE 110  
FT. LAUDERDALE FL 33316

81 Name  
Denise A. Johnston  
82 Street Address (P.O. Box Number is Not Acceptable)  
1800 Eller Drive, Suite 110  
83  
84 City  
Ft. Lauderdale FL 85 Zip Code  
33316

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/18/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
RAMSEY, JAMES SR  
6812 CARLYNN CT  
BETHESDA MD

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCB  
MANWARING, EDWARD S.  
814 SPRINGWOOD LA  
AMBLER PA

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
KLAGES, LINDA L  
8716 RAVENGLASS WAY  
GAITHERSBURG MD

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCO  
NORCIO, MICHAEL P.  
4208 QUEEN MARY DRIVE  
OLNEY MD

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
100002220791-3  
-06/24/97--01008--004  
\*\*\*\*165.00 \*\*\*\*165.00

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Manwaring, S. Edward  
7909 St. Martins Lane  
Philadelphia PA 19118

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I do 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.

SIGNATURE

BU-20-97

el 3m 97 3m-730-4581

CR2E034 (9/96)