

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 837918 (2)  
1. Corporation Name  
MAR, INCORPORATED OF MARYLAND

Principal Place of Business 1800 ELLER DRIVE 110 FT. LAUDERDALE FL 33316 US	Mailing Address 6110 EXECUTIVE BLVD 410 ROCKVILLE MD 20852 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/24/1977	4. FEI Number 52-0940175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$8.75 Additional Fee Required		8. \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent JOHNSTON, DENISE A 1800 ELLER DRIVE SUITE 110 FT. LAUDERDALE FL 33316				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			
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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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PCEO	RAMSEY, JAMES SR	0812 CARLYNN CT BETHESDA MD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
	DCB	MANWARING, S. EDWARD	7909 ST. MARTINS LANE PHILADELPHIA PA 19118	<input checked="" type="checkbox"/> DELETE			
	VPS	KLAGES, LINDA L	8716 RAVENGLASS WAY GAITHERSBURG MD	<input type="checkbox"/> DELETE			
	VCFO	NORCIO, MICHAEL P.	4208 QUEEN MARY DRIVE OLNEY MD	<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			

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.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)