

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837918

1. Entity Name

MAR, INCORPORATED OF MARYLAND

Principal Place of Business

1001 S ANDREWS AVE
FORT LAUDERDALE FL 33316
US

Mailing Address

6110 EXECUTIVE BLVD
410
ROCKVILLE MD 20852
US

2. Principal Place of Business

1181 S. Rogers Circle

Suite, Apt. #, etc.

Condor Place #29

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33487

Country

US

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSTON, DENISE A
1001 S ANDREWS AVE
SUITE 100
FORT LAUDERDALE FL 33316

4. FEI Number

52-0940175

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name Robert K. Lebowitz

Street Address (P.O. Box Number is Not Acceptable)

4912 NW 85th Road

City Coral Springs FL Zip Code 33067

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.

SIGNATURE Robert K. Lebowitz

4/27/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

Delete

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

Delete

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE C/CEO
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE SVP
NAME Robert K. Lebowitz
STREET ADDRESS 4912 NW 85th Road
CITY-ST-ZIP Coral Springs, FL 33067

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: Michael P. Norcio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P. Norcio

4/27/01

301-230-4581

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90294 043 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)