

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837918

FILED
Apr 30, 2008
Secretary of State

Entity Name: MAR, INCORPORATED OF MARYLAND

Current Principal Place of Business:

1181 S. ROGERS CIRCLE
CONDOR PLACE #29
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

1803 RESEARCH BLVD
STE 204
ROCKVILLE, MD 20850 US

New Mailing Address:

FEI Number: 52-0940175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT, NANCY J
8507 NW 57TH PLACE
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KLAGES, LINDA L
Address: 5050 WITMER LANE
City-St-Zip: FREDERICK, MD 21703

Title: CCEO () Delete
Name: NORCIO, MICHAEL P
Address: 4208 QUEEN MARY DRIVE
City-St-Zip: OLNEY, MD 20832

Title: VP () Delete
Name: SIGWART, DAVID S
Address: 1805 BAFFIN STREET
City-St-Zip: SEVERN, MD 21144

Title: VP () Delete
Name: EVANS, LAURA A
Address: 147 SUMMER WALK DR
City-St-Zip: GAITHERSBURG, MD 20878

Title: SVP () Delete
Name: HACKENBERG, DANIEL K
Address: 14136 SADDLE RIVER DR
City-St-Zip: GAITHERSBURG, MD 20878

Title: VP () Delete
Name: SUNUKJIAN, SAMUEL
Address: 6612 ROCKLAND DR
City-St-Zip: CLIFTON, VA 20124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. NORCIO

CCEO

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date