

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90312 032 ***150.00

DOCUMENT # 845998
 1. Entity Name
RITZ CAMERA CENTERS, INC.

Principal Place of Business 6711 RITZ WAY BELTSVILLE MD 20705	Mailing Address 6711 RITZ WAY BELTSVILLE MD 20705-1318
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	53-0176025	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State: FL Zip Code

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RITZ, DAVID		NAME:	
STREET ADDRESS: 6711 RITZ WAY		STREET ADDRESS:	
CITY-ST-ZIP: BELTSVILLE MD		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RITZ, IRENE K		NAME:	
STREET ADDRESS: 8211 ANITA RD		STREET ADDRESS:	
CITY-ST-ZIP: BALTIMORE, MD 00000		CITY-ST-ZIP:	
TITLE: SD	<input type="checkbox"/> Delete	TITLE: Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RITZ, EDWARD C		NAME:	
STREET ADDRESS: 8211 ANITA RD		STREET ADDRESS:	
CITY-ST-ZIP: BALTIMORE, MD 00000		CITY-ST-ZIP:	
TITLE: CFO	<input type="checkbox"/> Delete	TITLE: Secretary/C00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAYBERRY, WADE		NAME:	
STREET ADDRESS: 6711 RITZ WAY		STREET ADDRESS:	
CITY-ST-ZIP: BELTSVILLE MD		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		NAME: Jay Sloan	
STREET ADDRESS:		STREET ADDRESS: 6711 Ritz Way	
CITY-ST-ZIP:		CITY-ST-ZIP: Beltsville, MD 20705	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

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 empowered.

SIGNATURE: Wade Mayberry EVP 4/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #