

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:50

DOCUMENT # **846128**

(7)

1. Corporation Name

CRICO SECURITIES CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11200 ROCKVILLE PIKE, SUITE #500
ROCKVILLE MD 20852

Mailing Address

11200 ROCKVILLE PIKE, SUITE #500
ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/03/1980

3a. Date of Last Report
05/01/1994

4. FEI Number
52-1006082

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. # etc

State 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

**C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of the laws 607 (b)(3) and 607 (b)(3) 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 (b)(3) Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

NAME	SDP DOCKSER, WILLIAM B. 11200 ROCKVILLE PIKE ROCKVILLE MD
NAME	TD WILLOUGHBY, M. WILLIAM 11200 ROCKVILLE PIKE ROCKVILLE MD
NAME	V GOODMAN, WILLIAM H. 11200 ROCKVILLE PIKE ROCKVILLE, MD.
NAME	V PALMER, RICHARD J. 11200 ROCKVILLE PIKE ROCKVILLE MD
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(4)(b) Florida Statutes. I further certify that the information made effect of 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. I am available on or before the date of this report or the date of the next annual report or the date of the next supplemental annual report as required by Chapter 191, Florida Statutes, and that my name appears in Block 13 of this filing. I am a change of name or address.

SIGNATURE:

SIGNATURE AND TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/95 301,468.9200