

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **849274** (6)
1. Corporation Name
CLARK ENTERPRISES, INC. OF MARYLAND



Principal Place of Business
**7500 OLD GEORGETOWN RD.
15TH FLOOR
BETHESDA MD 20814-6185**

Mailing Address
**7500 OLD GEORGETOWN RD.
15TH FLOOR
BETHESDA MD 20814-6185**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/29/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		52-0962770	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, A.J.	
STREET ADDRESS	7500 OLD GEORGETOWN RD.	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BODKINS, CONNIE S	
STREET ADDRESS	7500 OLD GEORGETOWN RD.	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	NUSSDORF, L.C.	
STREET ADDRESS	7500 OLD GEORGETOWN RD.	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	ASVA	<input type="checkbox"/> DELETE
NAME	GARCHIK, S.R.	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FLANAGAN, R. J.	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATRICK, C.C.	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD 20814	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pumphrey, Connie B	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V AS AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

CR2E034 (10/97)