## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## **DOCUMENT #849274** 1. Entity Name FILED CLARK ENTERPRISES, INC. OF MARYLAND 04 MAY -3 AM 10: 50 SECRETARY UP STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7500 OLD GEORGETOWN RD. 7500 OLD GEORGETOWN RD. 15TH FLOOR 15TH FLOOR BETHESDA, MD 20814-6195 BETHESDA, MD 20814-6195 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 04152004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 52-0962770 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DC TITLE ☐ Delete TITLE ☐ Change **Addition** Kiatzkin, Terri D. 1500 Old Georgetown Road Bethesda, Md 20814 CLARK, A.J. NAME NAME STREET ADDRESS 7500 OLD GEORGETOWN RD. STREET ADDRESS CITY - ST- ZIP BETHESDA, MD 20814 CITY-ST-7IP $\overline{\mathsf{VAS}}$ ☐ Change Addition TITLE ☐ Delete TITLE owen, Rebecca L. 7500 ad Georgetown Road PUMPHREY, CONNIE B NAME NAME 7500 OLD GEORGETOWN RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF BETHESDA, MD 20814 CITY - ST - ZIP Bethesda, Md 20814 ☐ Change Addition TITLE Delete TITLE NAME NUSSDORF, L.C. NAME 100036067111 05/11/04--01078--014 \*\*!5 STREET ADDRESS 7500 OLD GEORGETOWN RD. STREET ADDRESS \*\*150.00 CITY-ST-ZIP BETHESDA, MD 20814 CITY-ST-ZIP TITLE VAT Delete TITLE ☐ Change ☐ Addition GARCHIK, S.R. NAME NAME STREET ADDRESS 7500 OLD GEORGETOWN RD STREET ADDRESS CITY-ST-ZIP BETHESDA, MD 20814 CITY-ST-ZIP DEV ☐ Delete TITLE TITLE ☐ Change Addition FLANAGAN, R. J. NAME NAME STREET ADDRESS 7500 OLD GEORGETOWN RD STREET ADDRESS CITY-ST-ZIP BETHESDA, MD 20814 CITY-ST-ZIP Delete TITLE ☐ Change Addit -TITLE PASTRICK, C.C. NAME NAME 7500 OLD GEORGETOWN RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP BETHESDA, MD 20814 CITY-ST-ZIP 12. 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 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 a 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

Vice President a/10/04

SIGNING OFFICER OF DIRECTOR