

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849643

Entity Name: RED COATS, INC.

FILED  
Jun 30, 2004  
Secretary of State

## Current Principal Place of Business:

4401 EAST WEST HIGHWAY  
BETHESDA, MD 20814

## New Principal Place of Business:

## Current Mailing Address:

4401 EAST WEST HIGHWAY  
BETHESDA, MD 20814

## New Mailing Address:

FEI Number: 53-0257871

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE 105  
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PEEL, BARBARA K.  
Address: 5221 KENWOOD AVE.  
City-St-Zip: CHEVY CHASE, MD

Title: VP ( ) Delete  
Name: VINCENT, KATHRYN L.  
Address: 4401 EAST WEST HWY.  
City-St-Zip: BETHESDA, MD

Title: PTD ( ) Delete  
Name: WELLS, ELEANOR V.  
Address: 10601 STABLE LANE  
City-St-Zip: POTOMAC, MD

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA K PEEL

P

06/30/2004

Electronic Signature of Signing Officer or Director

Date