FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:34

DOCUMENT # 857488 (1)

1. Corporation Name
VITRO CORPORATION

Principal Place of Business	Mailing Address
45 WEST GUDE DR ROCKVILLE ME 20850-1160 US	45 W GUDE DR ROCKVILLE MD 20850-1160 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/22/1983
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 22-2466421 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. 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 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: _____ DATE
(typed or printed name of registered agent and title if a corporation) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	11 TITLE	☐ Change ☐ Addition
NAME	BURRIS, GARY P.	12 NAME	
STREET ADDRESS	721 BRYANTS NURSERY ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	BAKER, D M	22 NAME	
STREET ADDRESS	29 FALLING CREEK CT	23 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, BARRY G	32 NAME	
STREET ADDRESS	16327 BAWTRY CT	33 STREET ADDRESS	
CITY-ST-ZIP	BOWIE MD	34 CITY-ST-ZIP	
TITLE	C	41 TITLE	☐ Change ☐ Addition
NAME	ARATOON, CHERYL R	42 NAME	
STREET ADDRESS	16104 HOWARD LANDING DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	KIER, PORTER S.	52 NAME	
STREET ADDRESS	7905 QUARRY RIDGE WAY	53 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true and correct 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.

SIGNATURE: Cheryl P Aratoon — CHERYL ARATOON 2/10/95 (301) 738-4502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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