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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **08/22/1983**

3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business
21: 1601 RESEARCH BLVD
22: Suite, Apt. #, etc.
23: City & State: ROCKVILLE MD
24: Zip: 20850
25: Country: US

2a. Mailing Address
26: 1601 RESEARCH BLVD
27: Suite, Apt. #, etc.
28: City & State: ROCKVILLE, MD
29: Zip: 20850
30: Country: US

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 ☐ **.00** May Be Added to Fees

8. This corporation has liability for intangible tax (s. 199.032, Florida Statutes) ☐ Yes ☐ 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 **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: Paul S. Mifsud — PAUL G. MIFSUD, CORPORATE CONTROLLER — DATE: 2/19/96
Signature, typed or printed, name of registered agent and title of officer. (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT BURRIS, GARY P. 721 BRYANTS NURSERY ROAD SILVER SPRING MD ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS BAKER, D M 29 FALLING CREEK CT SILVER SPRING MD ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAMPBELL, BARRY G 16327 BAWTRY CT BOWIE MD ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ARATOON, CHERYL R 16104 HOWARD LANDING DRIVE GAITHERSBURG MD ☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☒ Addition C PAUL G. MIFSUD 6252 RAINIER DRIVE FREDERICK MD. 21701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KIER, PORTER S. 7905 QUARRY RIDGE WAY BETHESDA MD ☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 200001732652 -03/05/96--01074--011 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Paul S. Mifsud — 2/19/96 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

PAUL G. MIFSUD, CORPORATE CONTROLLER — SG 3-4-96 — Title or Position — Date Received

CR2E034 (12/95)