2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# F00000001258

Entity Name: GIPE ASSOCIATES, INC.

Current Principal Place of Business:

849 FAIRMOUNT AVENUE, SUITE 102
TOWSON, MD 21286

New Principal Place of Business:

Current Mailing Address:

PO BOX 1147
EASTON, MD 21601

New Mailing Address:

FEI Number: 52-1164876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	DIXON, MELANIE	
Address:	6763 EDGE ROAD	
City-St-Zip:	ROYAL OAK, MD 21662	
Title:	V	( ) Delete
Name:	LATROBE, JOHN H	
Address:	529 MURDOCK ROAD	
City-St-Zip:	BALTIMORE, MD 21212	
Title:	CEOD	( ) Delete
Name:	GIPE, ALBERT B	
Address:	26048 GOOSENECK ROAD	
City-St-Zip:	ROYAL OAK, MD 21662	
Title:	SVPD	( ) Delete
Name:	PURTELL, MICHAEL J	
Address:	544 ANCHOR DRIVE	
City-St-Zip:	JOPPA, MD 21085	
Title:	SVPD	( ) Delete
Name:	HOFFMAN, DAVID R	
Address:	2214 HORNS POINT ROAD	
City-St-Zip:	CAMBRIDGE, MD 21613	
Title:	VPD	( ) Delete
Name:	WRIGHT, JAMES W	
Address:	3 LEONARD COURT	
City-St-Zip:	PERRY HALL, MD 21128	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	WEEDON, GARY N	
Address:	10 CANVAS PLACE	
City-St-Zip:	BEL AIR, MD 21015	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MELANIE M. DIXON V 03/11/2009

Electronic Signature of Signing Officer or Director — Date