

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001258

Entity Name: GIPE ASSOCIATES, INC.

FILED
Jan 06, 2011
Secretary of State

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

OFFICERS AND DIRECTORS:

Title: V
Name: DIXON, MELANIE
Address: 6763 EDGE ROAD
City-St-Zip: ROYAL OAK, MD 21662

Title: CEOD
Name: GIPE, ALBERT B
Address: 26048 GOOSENECK ROAD
City-St-Zip: ROYAL OAK, MD 21662

Title: SVPD
Name: PURTELL, MICHAEL J
Address: 544 ANCHOR DRIVE
City-St-Zip: JOPPA, MD 21085

Title: SVPD
Name: HOFFMAN, DAVID R
Address: 2214 HORNS POINT ROAD
City-St-Zip: CAMBRIDGE, MD 21613

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

I hereby 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 all other like empowered.

SIGNATURE: MELANIE M. DIXON

V

01/06/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date