

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000041

FILED
Apr 26, 2010
Secretary of State

Entity Name: AAI CORPORATION OF MARYLAND

Current Principal Place of Business:

124 INDUSTRY LANE
HUNT VALLEY, MD 21030

New Principal Place of Business:

Current Mailing Address:

40 WESTMINSTER STREET
PROVIDENCE, RI 02903

New Mailing Address:

FEI Number: 52-0583724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P
Name: STRADER, FREDERICK M
Address: 124 INDUSTRY LANE
City-St-Zip: HUNT VALLEY, MD 21030

Title: EVP
Name: BODEN, MICHAEL A
Address: 124 INDUSTRY LANE
City-St-Zip: HUNT VALLEY, MD 21030

Title: S
Name: KEMP, W ROBERT
Address: 201 LOWELL STREET
City-St-Zip: WILMINGTON, MA 01887

Title: VP
Name: CURRAN, JOHN R
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: VP
Name: REINHARDT, FRANCIS X
Address: 124 INDUSTRY LANE
City-St-Zip: HUNT VALLEY, MD 21030

Title: AT
Name: ELMER, PATRICIA L
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

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: PATRICIA L ELMER

AT

04/26/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date