


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000000642 1. Entity Name EQUITY PARTNERS OF MARYLAND, INC.	
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Principal Place of Business
1300 ARCOLA AVENUE
SILVER SPRING, MD 20902

Mailing Address
1300 ARCOLA AVENUE
SILVER SPRING, MD 20902



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2209024	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE SUITE 200
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC GRAUMAN, TOBIAS 1300 ARCOLA AVENUE SILVER SPRING, MD 20902
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VVC RAND, ELIZABETH F 1300 ARCOLA AVENUE SILVER SPRING, MD 20902
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRAUMAN, SHULAMITH R 1300 ARCOLA AVENUE SILVER SPRING, MD 20902
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04/27/04-80050-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

T. Grauman T. Grauman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04
Date

(301)649-3727
Daytime Phone #