
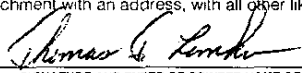


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/23

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91288 017 ***150.00

| | | | | | |
|--|---------------------------------|---|--|---|--|
| DOCUMENT # F01000001191 | | | |  | |
| 1. Entity Name MARYLAND UTI CORPORATION | | | | | |
| Principal Place of Business 300 EAST LOMBARD STREET BALTIMORE, MD 21202 | | | Mailing Address 300 EAST LOMBARD STREET BALTIMORE, MD 21202 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 91-2090934 84-1507827 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PCEO NAME FREED, ANDREW D STREET ADDRESS 200 WEST 7TH AVENUE CITY-ST-ZIP COLLEGEVILLE, PA 19426 | <input type="checkbox"/> Delete | | TITLE PCEO NAME RONALD SPARKS STREET ADDRESS 200 WEST 7TH AVENUE CITY-ST-ZIP COLLEGEVILLE PA 19426 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE COO NAME AIKEN, BARRY STREET ADDRESS 200 WEST 7TH AVENUE CITY-ST-ZIP COLLEGEVILLE, PA 19426 | <input type="checkbox"/> Delete | | TITLE TREASURER & SECRETARY NAME STEWART A. FISHER STREET ADDRESS 200 WEST 7TH AVENUE CITY-ST-ZIP COLLEGEVILLE PA 19426 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE V NAME FARINA, JEFFREY M STREET ADDRESS 200 WEST 7TH AVENUE CITY-ST-ZIP COLLEGEVILLE, PA 19426 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE V NAME CORNWELL, FRANK J STREET ADDRESS 200 WEST 7TH AVENUE CITY-ST-ZIP COLLEGEVILLE, PA 19426 | <input type="checkbox"/> Delete | | TITLE VP & ASSISTANT SECRETARY NAME THOMAS F. LEMKER STREET ADDRESS 200 WEST 7TH AVENUE CITY-ST-ZIP COLLEGEVILLE PA 19426 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE V NAME GAFFNEY, WILLIAM F STREET ADDRESS 200 WEST 7TH AVENUE CITY-ST-ZIP COLLEGEVILLE, PA 19426 | <input type="checkbox"/> Delete | | TITLE V.P. NAME GARY CURTIS STREET ADDRESS 200 WEST 7TH AVENUE CITY-ST-ZIP COLLEGEVILLE PA 19426 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE V NAME ASHBY, PAUL L STREET ADDRESS 200 WEST 7TH AVENUE CITY-ST-ZIP COLLEGEVILLE, PA 19426 | <input type="checkbox"/> Delete | | TITLE VP & CHB NAME BRUCE L. ROGERS STREET ADDRESS 1515 ARAPAHOE STREET CITY-ST-ZIP DENVER CO 80202 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | | 4/26/04 (210) 409-2204 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. | | | Date Daytime Phone # | | |