2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 08:00 AM
Secretary of State

DOCUMENT #F01000001556

1. Entity Name
SWALES & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5050 POWDER MILL RD BELTSVILLE, MD 20705	5050 POWDER MILL RD BELTSVILLE, MD 20705

07282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
521115706
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIELVOGEL, LEONARD
101 S. COURTNEY PKWY
MERRITT ISLAND, FL 32952-4855

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 _____ U00000170303
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 08/17/04-80002-009 158.75

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRAVIS, ELMER W
STREET ADDRESS	14819 SAPLING WAY
CITY-ST-ZIP	GLENELG, MD
TITLE	V
NAME	LUZIER, RONALD A
STREET ADDRESS	12213 LAKE POTOMAC TERRACE
CITY-ST-ZIP	POTOMAC, MD
TITLE	S
NAME	LEADERMAN, ARTHUR I
STREET ADDRESS	608 THIRD STREET
CITY-ST-ZIP	HERNDON, VA
TITLE	T
NAME	HIGGINS, JOSEPH T
STREET ADDRESS	11365 BISHOPS GATE
CITY-ST-ZIP	LAUREL, MD
TITLE	CD
NAME	SWALES, THOMAS G
STREET ADDRESS	13320 WICKLOW DR
CITY-ST-ZIP	CLARKSVILLE, MD
TITLE	D
NAME	WILSON, THOMAS L
STREET ADDRESS	5687 CHANDOLY DR.
CITY-ST-ZIP	CLARKSVILLE, MD

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: _____ CFO 8/10/04 (301) 902-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #