


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003854 1. Entity Name MENTOR 4, INC.	
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Principal Place of Business 7437 RACE ROAD HANOVER, MD 21076 US	Mailing Address C/O RANDALL D. SONES 7301 PARKWAY DRIVE HANOVER, MD 21076
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2315771	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCSALLY, MICHAEL E 7437 RACE ROAD HANOVER, MD 21076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SONES, RANDALL D 7301 PARKWAY DRIVE HANOVER, MD 21076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STANDEVEN, DAVID J 7301 PARKWAY DRIVE HANOVER, MD 21076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MURPHY, FRANCIS 7437 RACE RD HANOVER, MD 21076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BISCIOTTI, STEPHEN J 7301 PARKWAY DRIVE HANOVER, MD 21076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, JAMES C 7301 PARKWAY DRIVE HANOVER, MD 21076

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01/24/05-80179-011 150.00

**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: RD Sones 1/10/05 410.579.3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #