2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005214

Title:

Name:

Address: City-St-Zip:

Entity Names CIONII ANGLIAGE ACCOCIA

FILED Apr 29, 2004 Secretary of State

Entity Name: SIGN LANGUAGE ASSOCIATES, INC. **Current Principal Place of Business: New Principal Place of Business:** 11160 VEIRS MILL RD., STE 506 SILVER SPRINGS, MD 20902 **Current Mailing Address: New Mailing Address:** 11160 VEIRS MILL RD., STE 506 SILVER SPRINGS, MD 20902 FEI Number: 52-1267212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAGAIN III, EDWARD F 100 N. TAMPA ST., #1100 TAMPA, FL 33602 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BAILEY, JANET L Name: Name: 1600 N. OAK STREET, #1525 Address: Address: City-St-Zip: ARLINGTON, VA City-St-Zip: Title: Title: () Delete () Change () Addition Name: FITZGERALD, GWEN Name: 8109 TOUCHSTONE TERRACE Address: Address: City-St-Zip: MCLEAN, VA City-St-Zip: Title: Title: () Delete () Change () Addition STONE, KAREN Name: Name: 1714 HOLLINWOOD DRIVE Address: Address: City-St-Zip: ALEXANDRIA, VA City-St-Zip: Title: () Delete Title: () Change () Addition GAGAIN III, EDWARD F Name: Name: Address: 1506 LITTLE BROOK LANE Address: City-St-Zip: BRANDON, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JANET BAILEY PRES 04/29/2004

() Delete

4840 MOTGOMERY LANE

BAILEY, SUE

BETHESDA, MA

() Change () Addition