


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000000610	
1. Entity Name AMBEC, INC.	

Principal Place of Business 10330 SOUTH DOLFIELD ROAD OWINGS MILLS, MD 21117	Mailing Address 10330 SOUTH DOLFIELD ROAD OWINGS MILLS, MD 21117
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DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-0732666	Applied For <input type="checkbox"/> 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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	ODONNELL, JOSEPH E JR
NAME	
STREET ADDRESS	10330 SOUTH DOLFIELD ROAD
CITY-ST-ZIP	OWINGS MILLS, MD 21117
TITLE VP	JACOBS, WENDY
NAME	
STREET ADDRESS	10330 SOUTH DOLFIELD ROAD
CITY-ST-ZIP	OWINGS MILLS, MD 21117
TITLE S	FAUTH, FREDERICK E JR.
NAME	
STREET ADDRESS	10330 SOUTH DOLFIELD ROAD
CITY-ST-ZIP	OWINGS MILLS, MD 21117
TITLE D	POOLE, HARRIET
NAME	
STREET ADDRESS	10330 SOUTH DOLFIELD ROAD
CITY-ST-ZIP	OWINGS MILLS, MD 21117
TITLE D	GARFINKEL, MARK
NAME	
STREET ADDRESS	10330 SOUTH DOLFIELD ROAD
CITY-ST-ZIP	OWINGS MILLS, MD 21117
TITLE D	BURKE, JOHN
NAME	
STREET ADDRESS	10330 SOUTH DOLFIELD ROAD
CITY-ST-ZIP	OWINGS MILLS, MD 21117

000000098005
03/29/04-80024-005 150.00

**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: Joseph E. O'Donnell Jr. 3/26/04 4410/363-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #