

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90041 041 ****61.25

40006010



01072005 Chg-NP CR2E037 (10/03)

4. FEI Number
52-2197313

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
GOSSETT, BARRY R
490 SOUTH RIVER LANDING
EDGEWATER, MD 210371551 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BROPHY, JOHN MARTIN
8911 SAUNDERS LANE
BETHESDA, MD 208174103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
REMINGTON, WILLIAM B
2119 MAIN ADMINISTRATION BLDG.
COLLEGE PARK, MD 20742 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BRODIE, VALERIE
3300 SYMONS HALL
COLLEGE PARK, MD 20742 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
QUINN, BARBARA
2119 MAIN ADMINISTRATION BLDG.
COLLEGE PARK, MD 20742 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KING, MICHAEL
7309 BALTIMORE AVENUE, STE 217
COLLEGE PARK, MD 20740 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
BROPHY, JOHN MARTIN
8911 SAUNDERS LANE
BETHESDA, MD 20817-4103 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 617, 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:

Michael King

Michael King, CFO

1/21/05

301-403-4691 x20

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #