

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003123

FILED
Apr 27, 2004
Secretary of State

Entity Name: FRIENDS RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

505 BALTIMORE AVENUE
TOWSON, MD 21204

New Principal Place of Business:

Current Mailing Address:

4720 SALISBURY ROAD
JACKSONVILLE, FL 32256

New Mailing Address:

5318 HERONVIEW DRIVE
JACKSONVILLE, FL 32257

FEI Number: 52-0701445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, NED
4720 SALISBURY ROAD
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

RUBIN, NED
5318 HERONVIEW DRIVE
JACKSONVILLE, FL 32257 US

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:

04/27/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMSAY, JOHN B III
Address: 505 BALTIMORE AVENUE, P.O. BOX 10676
City-St-Zip: BALTIMORE, MD 21285

Title: VD () Delete
Name: BLACKBURN, JUDITH S DR
Address: 505 BALTIMORE AVENUE, P.O. BOX 10676
City-St-Zip: BALTIMORE, MD 21285

Title: SD () Delete
Name: FEINGOLD, FAITH S
Address: 505 BALTIMORE AVENUE, P.O. BOX 10676
City-St-Zip: BALTIMORE, MD 21285

Title: TD () Delete
Name: KING, STEVEN CPA
Address: 505 BALTIMORE AVENUE, P.O. BOX 10676
City-St-Zip: BALTIMORE, MD 21285

Title: D () Delete
Name: BROWN, JANET KLEIN MSW, JD
Address: 300 W PRESTON STREET, ROOM 302
City-St-Zip: BALTIMORE, MD 21201

Title: D () Delete
Name: BURKE, CLYDE R M.B.A.
Address: 14435 CHERRY LANE COURT, SUITE 418
City-St-Zip: LAUREL, MD 20707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B. RAMSEY III

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date

THOMAS C. WHEDBEE
505 BALTIMORE AVE
PO BOX 10676
BALTIMORE, MD 21285

BEVERLY ROSEN
11075 SANTA MONICA BLVD
SUITE 350
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