
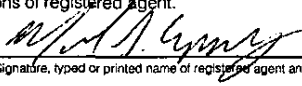



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000003974 1. Entity Name B&R FOUNTAINS MANAGER, INC.						FILED 04 NOV -4 AM 11:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 11140 ROCKVILLE PIKE, SUITE 620 ROCKVILLE, MD 20852				Mailing Address 11140 ROCKVILLE PIKE, SUITE 620 ROCKVILLE, MD 20852			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 05-0573618				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Mark S. Eppley Assistant Vice-President and Secretary </div> <div style="width: 30%; text-align: right;"> 10/28/04 <small>DATE</small> </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 </div> <div style="width: 30%;"></div> <div style="width: 30%;"></div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRESLER, CHARLES S 11140 ROCKVILLE PIKE, SUITE 620 ROCKVILLE, MD 20852 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BRESLER, SIDNEY M 11140 ROCKVILLE PIKE, SUITE 620 ROCKVILLE, MD 20852 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000042474660 11/04/04--01039--010 **758.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAFARDI, JEAN S 11140 ROCKVILLE PIKE, SUITE 620 ROCKVILLE, MD 20852 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSHINSKY, WILLIAM L 11140 ROCKVILLE PIKE, SUITE 620 ROCKVILLE, MD 20852 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Edelstein, Darryl M. 11140 Rockville Pike, Ste 620 Rockville, Maryland 20852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROOMS, WENDY J 5836 MOSS ROCK DRIVE NORTH BETHESDA, MD 20852 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  Darryl Edelstein 10/29/04 (301) 945-4300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>							