2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NORTH BETHESDA, MD 20852

ANNUAL REPORT Secretary of State DOCUMENT # F03000003974 02-02-2006 90042 036 ***150.00 **B&R FOUNTAINS MANAGER, INC.** Principal Place of Business Mailing Address 60010589 11140 ROCKVILLE PIKE, SUITE 620 11140 ROCKVILLE PIKE, SUITE 620 ROCKVILLE, MD 20852 ROCKVILLE, MD 20852 Mailing Address 112 00 ROCKVILLE PIKE 2. Principal Place of Business 11200 ROCKVILLE PIKE Suite, Apt. #, etc. SUITE 502 Suite, Apt. #, etc. CR2E034 (11/05) 01172006 City & State ROCKVILLE, MD Applied For City & State ROCKVILLE MD 4. FEI Number 05-0573618 Not Applicable Country USA 20852 \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CD TITLE TITLE ☐ Delete Change ☐ Addition BRESLER, CHARLES S NAME NAME 11200 ROCKVILLE PIKE, SUITE 502 STREET ADDRESS STREET ADDRESS 11140 ROCKVILLE PIKE, SUITE 620 CITY-ST-ZIP ROCKVILLE, MD 20852 CITY-ST-ZIP CEO/P/D CEO Delete Change TITLE ☐ Addition BRESLER, SIDNEY M NAME NAME 11200 ROCKVILLE PIKE, SUITE 502 STREET ADDRESS 11140 ROCKVILLE PIKE, SUITE 620 STREET ADDRESS CITY-ST-ZIP ROCKVILLE, MD 20852 CITY-ST-ZIP Change TITLE Delete TITLE Addition CAFARDI, JEAN S NAME NAME 11200 ROCKVILLE PIKE, SUITE 502 STREET ADDRESS 11140 ROCKVILLE PIKE, SUITE 620 STREET ADDRESS CITY-ST-ZIP ROCKVILLE, MD 20852 CITY-ST-ZIP COO/VP/T Delete Change ☐ Addition EDELSTEIN, DARRYL M NAME NAME 11200 ROCKVILLE PIKE, SOITE 502 STREET ADDRESS 11140 ROCKVILLE PIKE, SUITE 620 STREET ADDRESS CITY-ST-ZIP ROCKVILLE, MD 20852 CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition GROOMS, WENDY J NAME 11200 ROCKVILLE PIKE, SUITE 502 5836 MOSS ROCK DRIVE STREET ADDRESS STREET ADDRESS

FILED Feb 02, 2006 8:00 am

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

SIGNATURE:	Jean S. Calard.	Sam s. CAPAREDI	1-24-06	34-445-420
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #