


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90034 047 \*\*\*\*61.25

<b>DOCUMENT # F03000004482</b>					
1. Entity Name <b>THE UNIVERSITY OF MARYLAND FOUNDATION, INC.</b> dba: University System of Maryland Foundation, Inc.					
Principal Place of Business <b>3300 METZEROTT ROAD ADELPHI, MD 20783</b>			Mailing Address <b>3300 METZEROTT ROAD ADELPHI, MD 20783</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>52-1125663</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	Vice Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLUNT, ROGER		NAME	Brody, Kenneth D	
STREET ADDRESS	5716 KENFIELD LANE		STREET ADDRESS	2991 Woodland Drive, NW	
CITY-ST-ZIP	UPPER MARLBORO, MD 20772		CITY-ST-ZIP	Washington, DC 20008-3542	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	Vice Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, CHARLES W JR		NAME	Dillon, John W	
STREET ADDRESS	8 CRESTLINE COURT		STREET ADDRESS	P.O. Box 398	
CITY-ST-ZIP	OWINGS MILLS, MD 211174305		CITY-ST-ZIP	Oxford, MD 21654	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FATZINGER, WALTER R		NAME	LaPlaca, Raymond G	
STREET ADDRESS	3452 CONSTELLATION DRIVE		STREET ADDRESS	303 Colony Pointe Place	
CITY-ST-ZIP	DAVIDSONVILLE, MD 21035		CITY-ST-ZIP	Edgewater, MD 21037	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	VP for Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEHLMAN, ARTHUR S		NAME	Marx, Joyce Romanoff	
STREET ADDRESS	8205 MARCIE DRIVE		STREET ADDRESS	USM Foundation, Inc.	
CITY-ST-ZIP	BALTIMORE, MD 21208		CITY-ST-ZIP	3300 Metzerott Road	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAFFTEL, ROBERT B		NAME	Schwab, Susan C	
STREET ADDRESS	FOUR BUCKWAY ROAD		STREET ADDRESS	USM Foundation, Inc.	
CITY-ST-ZIP	OWINGS MILLS, MD 21117		CITY-ST-ZIP	3300 Metzerott Road	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 605, F.S., if the information is changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Joyce Romanoff Marx</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Joyce Romanoff Marx, VP for Finance					

**50007905**



01202005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**52-1125663**

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

6. Name and Address of Current Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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