



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90117 046 \*\*\*\*61.25

<b>DOCUMENT # F03000004482</b> 1. Entity Name <b>THE UNIVERSITY OF MARYLAND FOUNDATION, INC.</b>					
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  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01092006 Chg-NP CR2E037 (11/05)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>52-1125663</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
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 <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC D</b> <b>BRODY, KENNETH D</b> <b>2991 WOODLAND DRIVE, NW</b> <b>WASHINGTON, DC 200083542</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Chair D</b> <b>Dillon, John</b> <b>P.O. Box 398</b> <b>Oxford, MD 21654</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>COLE, CHARLES W JR</b> <b>8 CRESTLINE COURT</b> <b>OWINGS MILLS, MD 211174305</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary D</b> <b>Pinkard Robert</b> <b>2001 Pennsylvania Ave #800</b> <b>Washington, DC 20006</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC D</b> <b>FATZINGER, WALTER R</b> <b>3452 CONSTELLATION DRIVE</b> <b>DAVIDSONVILLE, MD 21035</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Raley Leonard</b> <b>3300 Metzertott Rd</b> <b>Adelphi MD 20783</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>LAPLACA, RAYMOND G</b> <b>303 COLONY POINTE PLACE</b> <b>EDGEWATER, MD 21037</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President VP for Finance</b> <b>Joyce Romanoff Marx</b> <b>3300 Metzertott Rd</b> <b>Adelphi, MD 20783</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MEHLMAN, ARTHUR S</b> <b>8205 MARCIE DRIVE</b> <b>BALTIMORE, MD 21208</b>	<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	<b>SD</b> <b>SCHAFTEL, ROBERT B</b> <b>FOUR BUCKWAY ROAD</b> <b>OWINGS MILLS, MD 21117</b>	<input checked="" 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 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 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.					
<b>SIGNATURE:</b> <u>Joyce Romanoff Marx</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/20/06</u> <small>Date</small>		<u>301-445-2712</u> <small>Daytime Phone #</small>