

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004482

FILED
Mar 18, 2009
Secretary of State

Entity Name: THE UNIVERSITY OF MARYLAND FOUNDATION, INC.

Current Principal Place of Business:

3300 METZEROTT ROAD
ADELPHI, MD 20783

New Principal Place of Business:

Current Mailing Address:

3300 METZEROTT ROAD
ADELPHI, MD 20783

New Mailing Address:

FEI Number: 52-1125663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PINKARD, ROBERT M
Address: 2001 PENNSYLVANIA AVE NW STE 800
City-St-Zip: WASHINGTON, DC 20006

Title: VPOF () Delete
Name: ROMANOFF MARX, JOYCE
Address: 3300 METZEROTT RD
City-St-Zip: ADELPHI, MD 20783

Title: TD () Delete
Name: MEHLMAN, ARTHUR S
Address: 8205 MARCIE DRIVE
City-St-Zip: BALTIMORE, MD 21208

Title: P () Delete
Name: RALEY, LEONARD
Address: 3300 METZEROTT RD
City-St-Zip: ADELPHI, MD 20783

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOYCE ROMANOFF MARX

VPOF

03/18/2009

Electronic Signature of Signing Officer or Director

Date