
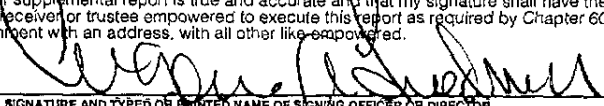


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005888</b> 1. Entity Name <b>FIRST MARINER BANK</b>		
Principal Place of Business <b>3301 BOSTON STREET BALTIMORE, MD 21224</b>		Mailing Address <b>3301 BOSTON STREET BALTIMORE, MD 21224</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANTAKOS, GEORGE H 3301 BOSTON STREET BALTIMORE, MD 21224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO KEIDEL, MARK A 3301 BOSTON STREET BALTIMORE, MD 21224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIEDMAN, EUGENE A 3301 BOSTON STREET BALTIMORE, MD 21224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HALE, EDWIN F 3301 BOSTON STREET BALTIMORE, MD 21224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICERO, JOSEPH A 3301 BOSTON STREET BALTIMORE, MD 21224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONDROFF, BARRY B 3301 BOSTON STREET BALTIMORE, MD 21224	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Eugene A. Friedman</b>		Date <b>6/29/05</b> Daytime Phone # <b>410-558-4169</b>



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>52-0323080</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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07/08/05-80001-024 150.00