2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008
Secretary of State

DOCUMENT# F07000003540

Entity Name: QUIXOTE CENTER, INCORPORATED

Current Principal Place of Business:

3502 VARNUM STREET
BRENTWOOD, MD 20712

New Principal Place of Business:

Current Mailing Address:

3502 VARNUM STREET
BRENTWOOD, MD 20712

New Mailing Address:

FEI Number: 52-1055742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REWA, JEANNE M
1324 NW 16TH AVENUE
APT. 57
GAINESVILLE, FL 32605 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:	D	( ) Delete
Name:	CALLAHAN, WILLIAM R	
Address:	3406 VARNUM STREET	
City-St-Zip:	BRENTWOOD, MD 20722	
Title:	D	( ) Delete
Name:	POMERLEAU, DOLORES C	
Address:	3406 VARNUM STREET	
City-St-Zip:	BRENTWOOD, MD 20722	
Title:	P	( ) Delete
Name:	HANRAHAN, NOELLE	
Address:	POST OFFICE BOX 411074	
City-St-Zip:	SAN FRANCSICO, CA 941411074	
Title:	V	( ) Delete
Name:	DEBERNARDO, FRANK	
Address:	13 LAUREL HILL ROAD #D	
City-St-Zip:	GREENBELT, MD 207707773	
Title:	S	( ) Delete
Name:	TURNER, MARTHA	
Address:	3830 89TH STREET E	
City-St-Zip:	INVER GROVE, MN 550763485	
Title:	T	( ) Delete
Name:	D'ANTONIO, WILLIAM	
Address:	3001 VEASEY TERRACE NW #502	
City-St-Zip:	WASHINGTON, DC 20008	

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:	
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: DOLORES POMERLEAU D 03/21/2008

Electronic Signature of Signing Officer or Director — Date