FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:32

DOCUMENT # F92000000761 (8)

1. Corporation Name
FAMILY MEDIATION SERVICES, INC.

Principal Place of Business	Mailing Address
14509 FALLING LEAF DR. DARNESTOWN MD 20878	14509 FALLING LEAF DR. DARNESTOWN MD 20878

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/03/1992
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business	2a. Mailing Address
21 255 N. Wash. St. #200	26 255 N. Wash. St. #200
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Rockville, MD.	City & State 28 Rockville, MD
Zip 24 20850	Zip 29 20850
Country 25 U.S.A.	Country 30 U.S.A.

4. FEI Number: 52-1807456 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOLDBERG, MAX M
10300 WEST BAY HARBOR DR.
#6B
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 1-23-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCPT	1.1 TITLE	☒ Change ☐ Addition
NAME	GOLDBERG, DAVID S	1.2 NAME	
STREET ADDRESS	14509 FALLING LEAF DR.	1.3 STREET ADDRESS	255 N. Wash. St., #200
CITY-ST-ZIP	DARNESTOWN MD 20878	1.4 CITY-ST-ZIP	Rockville, MD 20850
TITLE	DVCS	2.1 TITLE	☒ Change ☐ Addition
NAME	GOLDBERG, SUSAN E	2.2 NAME	
STREET ADDRESS	14509 FALLING LEAF DR.	2.3 STREET ADDRESS	255 N. Wash. St., #200
CITY-ST-ZIP	DARNESTOWN MD 20878	2.4 CITY-ST-ZIP	Rockville, MD 20850
TITLE	VP	3.1 TITLE	☒ Change ☐ Addition
NAME	GOLDBERG, SUSAN E	3.2 NAME	
STREET ADDRESS	14509 FALLING LEAF DR.	3.3 STREET ADDRESS	255 N. Wash. St., #200
CITY-ST-ZIP	DARNESTOWN MD 20878	3.4 CITY-ST-ZIP	Rockville, MD 20850
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual 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 12 or Block 13 if changed, added or deleted.

SIGNATURE: [signature] President 1-23-95 301-279-7500
(Typed or printed name of person signing) (Title) (Date) (Daytime Phone #)
DAVID S. GOLDBERG

0486706 FN