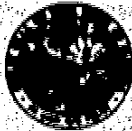


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 28 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002337 (4)

1. Corporation Name

RESERVOIR CAPITAL CORPORATION

Principal Place of Business

RESERVOIR CIRCLE
BALTIMORE MD 21208

Mailing Address

RESERVOIR CIRCLE
BALTIMORE MD 21208

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/11/1993

3a. Date of Last Report

06/01/1994

4. FEI Number

52-1726483

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

8. Name and Address of Current Registered Agent

HQ CORPORATE SERVICES, INC.
528 EAST PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

C

NAME

STERN, IVAN

STREET ADDRESS

3605 ANTON FARMS ROAD

CITY - ST - ZIP

BALTIMORE MD 21208

TITLE

DP

NAME

FOX, RODNEY JOHN

STREET ADDRESS

1 GRISTMILL COURT, #610

CITY - ST - ZIP

BALTIMORE MD 21208

TITLE

DSTV

NAME

WASSERMAN, JACK B

STREET ADDRESS

3418 GARRISON FARMS ROAD

CITY - ST - ZIP

BALTIMORE MD 21208

TITLE

D

NAME

DALSHEIMER, BETTIE

STREET ADDRESS

7368 PARK HEIGHTS AVENUE

CITY - ST - ZIP

BALTIMORE MD 21208

TITLE

D

NAME

PERLMAN, ANTHONY

STREET ADDRESS

6106 IVYDENE TERRACE

CITY - ST - ZIP

BALTIMORE MD 21209

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Chief Financial Officer
Stribold, William F
417 Rambler Rd
Bel Air, MD 21015

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)(k), Florida Statutes. I further certify that the information indicated on this annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William F. Stribold CFO

Date

(Type Name)

2/24/95

410-653-5715