

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**  
07-29-1999 90021 003 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000002337  
1. Corporation Name  
RESERVOIR CAPITAL CORPORATION

Principal Place of Business: 6 RESERVOIR CIRCLE 105 BALTIMORE MD 21208 US  
Mailing Address: 6 RESERVOIR CIRCLE 105 BALTIMORE MD 21208 US



2. Principal Place of Business  
21 100 PAINTER'S MILL RD  
Suite, Apt. #, etc.  
22 SUITE 700  
City & State  
23 OWINGS MILLS, MD  
Zip  
24 21117  
Country  
25 BALTO  
2a. Mailing Address  
26 100 PAINTER'S MILL RD  
Suite, Apt. #, etc.  
27 SUITE 700  
City & State  
28 OWINGS MILLS, MD  
Zip  
29 21117  
Country  
30 BALTO

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
05/11/1993  
4. FEI Number  
52-1726483  
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 owes the current year Intangible Personal Property.  
Yes No

9. Name and Address of Current Registered Agent  
HIQ CORPORATE SERVICES, INC.  
526 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 2437 SHIL FOREST ROAD  
CITY-ST-ZIP BALTIMORE MD 21208  
TITLE DSTV  
NAME WASSERMAN, JACK B  
STREET ADDRESS 3416 GARRISON FARMS ROAD  
CITY-ST-ZIP BALTIMORE MD 21208  
TITLE D  
NAME DALSHIMER, BETTIE  
STREET ADDRESS 7368 PARK HEIGHTS AVENUE  
CITY-ST-ZIP BALTIMORE MD 21208  
TITLE D  
NAME PERLMAN, ANTHONY  
STREET ADDRESS 6108 IVYDENE TERRACE  
CITY-ST-ZIP BALTIMORE MD 21209  
TITLE S  
NAME BRESLIN, AMY S.  
STREET ADDRESS 9999 OLD MILL ROAD  
CITY-ST-ZIP ELLICOTT CITY MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: \_\_\_\_\_

CR2E034 (5/99)