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Apr 21 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000002412 (5)**

1. Corporation Name  
**JAN EQUIPMENT, INC.**



Principal Place of Business <b>8201 CORPORATE DRIVE, #500 SUITE 1130 LANDOVER MD 20785 US</b>	Mailing Address <b>8201 CORPORATE DRIVE, #500 SUITE 1130 LANDOVER MD 20785-2230 US</b>
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2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified **05/21/1993** 3a. Date of Last Report **03/20/1996**

4. FEI Number **52-1516573** 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

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE  
NAME **BLOCK, MICHAEL D**  
STREET ADDRESS **8201 CORPORATE DRIVE, #500**  
CITY-ST-ZIP **LANDOVER MD 20785**

TITLE **S** ☐ DELETE  
NAME **GRAZIANO, PETER S**  
STREET ADDRESS **1304 WHITE WAY**  
CITY-ST-ZIP **LAUREL MD**

TITLE **TD** ☐ DELETE  
NAME **BLOCK, MICHAEL D**  
STREET ADDRESS **8201 CORPORATE DRIVE, #500**  
CITY-ST-ZIP **LANDOVER MD 20785**

TITLE **D** ☐ DELETE  
NAME **BROYHILL, JOEL T**  
STREET ADDRESS **4601 NORTH FAIRFAX DRIVE, #710**  
CITY-ST-ZIP **ARLINGTON VA 22203**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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 **8201 Corporate Dr., Suite 1130**  
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 **8201 Corporate Dr., Suite 1130**  
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

14. I do 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:  Michael D. Block 4/2/97 301-731-4080

CR2E034 (9/96)