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

| PROFIT |
|---------------|
| CORPORATION |
| ANNUAL REPORT |



FLORIDA DEPARTMENT OF STATE Sandra B. Morthanii

Secretary of State DIVISION OF CORPORATIONS

1996

| DOCUMENT# F93000002915 (7) 1. Corporation Name BANNER FINANCIAL SERVICES GROUP, INC. Principal Place of Business Mailing Address 1701 RESEARCH BLVD. ROCKVILLE MD 20850 ROCKVILLE MD 20850 | | | | | | | | | |
|--|--|--------------------------------|---|--|--|-------------|---|---------------|--|
| | | | | | 3. Date Incorporated or Qualified 06/21/1993 | 3a. Date o | of Last Rec 1/14/199 | | |
| | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | | | |
| Suite, Apt. | .#. etc | Suite Ast # ots | # · · · · · · · · · · · · · · · · · · · | | 52-1074744 Not Ar | | ot Applicable | | |
| 22 | | Suite, Apt. #, etc. | P* | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & Stal | te | City & State | | | 6. Election Campaign Financing | | | | |
| 23 | | 28 | | | Trust Fund Contribution | | | | |
| Zip 24 | Country | Country Zip 29 30 | | Country 8. This corporation has liability for intangible | | | | | |
| | 9. Name and Address of Currer | | 30 | | Fiorida Statutes Yes 10. Name and Address of New R | □ No | | | |
| | • | | 81 | Name | To. Italie and Address of New F | egistereo A | gent | | |
| | ORPORATION SYSTEM | | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | lo\ | | | |
| 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 | | | | Oli oct Add | Tess (F.O. DOX Normber is Not Acceptate | ile) | | | |
| PLANT | AHUN FL 33324 | | 83 | | | | | | |
| | | | 84 | | | | 85 Zip (| Code | |
| 11. Pursuant | to the provisions of Sections 607,0502 | 2 and 607.1508, Florida Statut | tes, the above na | med como | ration submits this statement for the pur | FL | | | |
| SIGNATURE | Signature typed or punish name of regions traject OFFICE RS AN | and sterrance about | St. Registere Agests 1 13. | _ | Ration submits this statement for the pur rd of directors. I hereby accept the appropriate the statement of the submit of the statement of the submit of the | DATE | | | |
| TITLE | DC | ☐ DELETE | 1 1 TEFLE | | Table of the office of the off | | | Addition | |
| NAME | LENABURG, DAVID S 1701 RESEARCH BLVD. | | 1.2 NAME | | | | | | |
| STREET ADDRESS | ROCKVILLE MD 20850 | | 13 STHEET A | 008ESS | | | | | |
| CITY-ST-ZIP TITLE | DEVP DEVP | DELFTE | 14 C Tr - ST - | ZIP | | | | | |
| NAME | GILBERTSON, GENE R | [] bereig | 2 1 MILE 2 2 NAME | | | | Change [| Addition | |
| STREET ADDRESS | 1701 RESEARCH BLVD. | | 2.3 STREET A | DORESS | | | | | |
| CITY ST-ZIP | ROCKVILLE MD 20850 | | 2.4 City - 81 - | | | | | | |
| TITLE | DP DAME 1 | ☐ D£LFTE | 3 1 11TLF | | | | Change [| Addition | |
| NAME | ORR, DAVID J 1701 RESEARCH BLVD. | | 3.2 NAME | | | | - • | | |
| STREET ADDRESS | ROCKVILLE MD 20850 | | 33 STREELA | DORESS | | | | | |
| CITY-S! ZIP TITLE | S S | Florett | 34 Cily SI- | ZIF | | ¬= | • | | |
| NAMÉ | CANTER, MARK A | DELETE | 4 1 Tille | | | | Change [| Addition | |
| STREET ADDRESS | 1701 RESEARCH BLVD. | | 4.2 NAME | MARK C.C. | | | | | |
| CITY - S1 - ZIP | ROCKVILLE MD 20850 | | 4.3 STREET AC 4.4 C-TY - ST- | | | | | | |
| TITLE | | DELETE | 5 1 Till F | | | <u> </u> | Change [| Addition | |
| NAME | HILL, ROBERT L | | 5.2 NAME | | | ' لـــا | enunge [| בי אטיינטרו [| |
| STREET ADDRESS | 1701 RESEARCH BLVD. | | 5 3 STREET AL | IDRESS | | | | | |
| CHTY-ST-ZIP | ROCKVILLE MD 20850 | | 5.4 CHTV - \$1 - | ZIP | | | | | |
| TITLE | VP | ☐ DELFTE | 6 \ TiffLE | | | | Change [| Addition | |
| NAME | MILLER, WAYNE R 1701 RESEARCH BLVD. | | 6.2 NAME | | | | | | |
| STREET ADORESS | ROCKVILLE MD 20850 | | 6.3 STREET AD | | | | | i | |
| CHTY - ST - ZIP | TOORTICLE MD 20000 | | 6.4 CII) - ST-1 | 71F | | | | | |

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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 roce ver or trusted 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:

SIGNATURE AND TYPED OR PRINTED NAME Q) SIGNING OFFICER OR DIRECTOR

301-279-4800