

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT 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 JUN 19 PM 12:05

**DOCUMENT # F93000002976 (9)**

1. Corporation Name

**COLUMBIA NATIONAL, INCORPORATED**

Principal Place of Business

7142 COLUMBIA GATEWAY DRIVE  
 COLUMBIA MD 21046

Mailing Address

7142 COLUMBIA GATEWAY DRIVE  
 COLUMBIA MD 21046

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**06/28/1993**

3a. Date of Last Report  
**06/10/1994**

4. FEI Number  
**52-0957267**

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

6. This corporation has liability for intangible tax under s. 190.002, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>RENNER, JOHN W</b>
STREET ADDRESS	<b>225 HAWTHORN ROAD</b>
CITY - ST - ZIP	<b>BALTIMORE MD 21210</b>
TITLE	<b>V</b>
NAME	<b>DOUGLAS, DOUGLAS</b>
STREET ADDRESS	<b>10977 SHADOW LANE</b>
CITY - ST - ZIP	<b>COLUMBIA MD 21044</b>
TITLE	<b>VST</b>
NAME	<b>IRETON, THOMAS F</b>
STREET ADDRESS	<b>7504 BROADCLOTH WAY</b>
CITY - ST - ZIP	<b>COLUMBIA MD 21046</b>
TITLE	<b>CD</b>
NAME	<b>GALLITANO, DAVID J</b>
STREET ADDRESS	<b>7316 BAY HIL COURT</b>
CITY - ST - ZIP	<b>RALEIGH NC 27815</b>
TITLE	<b>D</b>
NAME	<b>ARMSTRONG, GERALD S</b>
STREET ADDRESS	<b>787 PARK AVENUE</b>
CITY - ST - ZIP	<b>NEW YORK NY 10153</b>
TITLE	<b>D</b>
NAME	<b>MICHAS, ALEXIS P</b>
STREET ADDRESS	<b>38 E 72ND ST APT 7</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	<b>Richard J. Sterne</b>	
1 3 STREET ADDRESS	<b>375 Park Avenue, 18th Floor</b>	
1 4 CITY - ST - ZIP	<b>New York, NY 10152</b>	
2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Thomas F. Ireton**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/6/95** (Date) **(410) 872-2110** (Mailing Phone #)

CR2E034 (3/95)