

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 21046-2132
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/28/1993	3a. Date of Last Report 06/12/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 52-0957267	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ (NOIL: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	RENNER, JOHN W
STREET ADDRESS	225 HAWTHORN ROAD
CITY - ST - ZIP	BALTIMORE MD 21210
TITLE	V <input type="checkbox"/> DELETE
NAME	DOUGLAS, DOUGLAS
STREET ADDRESS	10977 SHADOW LANE
CITY - ST - ZIP	COLUMBIA MD 21044
TITLE	VST <input type="checkbox"/> DELETE
NAME	IRETON, THOMAS F
STREET ADDRESS	7504 BROADCLOTH WAY
CITY - ST - ZIP	COLUMBIA MD 21046
TITLE	CD <input type="checkbox"/> DELETE
NAME	GALLITANO, DAVID J
STREET ADDRESS	3552 CHURCH ROAD
CITY - ST - ZIP	ELLCOTT CITY MD
TITLE	D <input type="checkbox"/> DELETE
NAME	ARMSTRONG, GERALD S
STREET ADDRESS	767 PARK AVENUE
CITY - ST - ZIP	NEW YORK NY 10153
TITLE	D <input type="checkbox"/> DELETE
NAME	MICHAS, ALEXIS P
STREET ADDRESS	36 E 72ND ST APT 7
CITY - ST - ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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: _____ (410) 872-2110

CR2E034 (9/96)