

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1993	
21. Suite, Apt #, etc	22. City & State	26. Suite, Apt #, etc	27. City & State	4. FEI Number 52-0957267	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENNER, JOHN W	12. NAME	
STREET ADDRESS	225 HAWTHORN ROAD	13. STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21210	14. CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, DOUGLAS	2.2. NAME	
STREET ADDRESS	10977 SHADOW LANE	2.3. STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	2.4. CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRETON, THOMAS F	3.2. NAME	
STREET ADDRESS	7504 BROADCLOTH WAY	3.3. STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21046	3.4. CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLITANO, DAVID J	4.2. NAME	
STREET ADDRESS	3552 CHURCH ROAD	4.3. STREET ADDRESS	
CITY-ST-ZIP	ELLCOTT CITY MD	4.4. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, GERALD S	5.2. NAME	
STREET ADDRESS	787 PARK AVENUE	5.3. STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10153	5.4. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAS, ALEXIS P	6.2. NAME	
STREET ADDRESS	38 E 72ND ST APT 7	6.3. STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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:  / Thomas F. Ireton 5-6-98 410-872-2110

CR2E034 (10/97)