

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

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FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90078 014 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F93000002976

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

| | | | | | |
|--------------------------------|----|---------------------|----|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/28/1993 | |
| 21 | 22 | 26 | 27 | 4. FEI Number 52-0957267 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | 24 | 25 | 28 | 29 | 30 |
| Zip | | Country | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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 |
| | | | | FL | |

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 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RENNER, JOHN W | 1.2 NAME | |
| STREET ADDRESS | 225 HAWTHORN ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BALTIMORE MD 21210 | 1.4 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 | 767 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 | 36 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, with all other like empowered.

SIGNATURE:  Thomas F. Ireton 1/4/99 410-872-2110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)