


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90001 050 \*\*\*150.00

**DOCUMENT # F93000002976**

1. Entity Name  
**COLUMBIA NATIONAL, INCORPORATED**



Principal Place of Business  
**520 BROAD HOLLOW ROAD  
 MELVILLE, NY 11747**

Mailing Address  
**7142 COLUMBIA GATEWAY DRIVE  
 COLUMBIA, MD 21046**

**54056601**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**520 Broadhollow Rd**  
 Suite, Apt. #, etc.

05202004 Chg-P CR2E034 (10/03)

City & State  
**Melville, NY**

4. FEI Number  
**52-0957267**

Applied For  
 Applied For  
 Not Applicable

Zip  
**11747**

Country  
**U.S**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | P                     | <input type="checkbox"/> Delete |
| NAME           | STRAUSS, MICHAEL      |                                 |
| STREET ADDRESS | 520 BROAD HOLLOW ROAD |                                 |
| CITY-ST-ZIP    | MELVILLE, NY 11747    |                                 |
| TITLE          | EVP                   | <input type="checkbox"/> Delete |
| NAME           | HOZIE, STEPHEN        |                                 |
| STREET ADDRESS | 520 BROAD HOLLOW ROAD |                                 |
| CITY-ST-ZIP    | MELVILLE, NY 11747    |                                 |
| TITLE          | S                     | <input type="checkbox"/> Delete |
| NAME           | HORN, ALAN B          |                                 |
| STREET ADDRESS | 520 BROAD HOLLOW ROAD |                                 |
| CITY-ST-ZIP    | MELVILLE, NY 11747    |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**  **ALAN HORN** **5-24-04** **800-755-3100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #