FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 JAN 19 AM 9:24

DO NOT WRITE IN THIS SPACE

DOCUMENT # **F93000003787 (9)**

1. Corporation Name
CIRELLI COMPANY

Principal Place of Business
537 RITCHIE HIGHWAY, SUITE 2A
SEVERNA PARK MD 21146

Mailing Address
537 RITCHIE HIGHWAY, SUITE 2A
SEVERNA PARK MD 21146

3. Date Incorporated or Qualified: 08/18/1993
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22
Suite, Apt. #, etc — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 52-1499183 — 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CIRELLI, CHARLES J
24981 PENNYROYAL DRIVE
BONITA SPRINGS FL 33923

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 _____ DATE _____
Signature (typed or printed) name of registered agent and the date signed — (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	CPT	1.1 TITLE	CURRENT REGISTERED AGENT	☒ Change ☐ Addition
NAME	CIRELLI, CHARLES J	1.2 NAME		
STREET ADDRESS	24981 PENNYROYAL DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	CIRELLI, MARTHA C	2.2 NAME		
STREET ADDRESS	24981 PENNYROYAL DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923	2.4 CITY-ST-ZIP		
TITLE	DVS	3.1 TITLE		☐ Change ☐ Addition
NAME	POPP, V. GAIL	3.2 NAME		
STREET ADDRESS	2304 229TH ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	PASADENA MD 21122	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, JOYCE C	4.2 NAME		
STREET ADDRESS	309 S. HARRISON ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	EASTON MD 21601	4.4 CITY-ST-ZIP		
TITLE	PRES / TREAS	5.1 TITLE		☐ Change ☒ Addition
NAME	John C. Cirelli	5.2 NAME		
STREET ADDRESS	2030 Poplar Ridge Rd	5.3 STREET ADDRESS		
CITY-ST-ZIP	PASADENA MD 21122	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true and correct and 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 correct 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 asterisk.

SIGNATURE: _____ 1-13-95 (410) 544 2602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

0466735 FN