2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000004547 06-07-2004 90003 023 ***550.00 1. Entity Name RMF ENGINEERING, INC. Principal Place of Business Mailing Address 190 WEST OSTEND ST. 190 WEST OSTEND ST. 54056966 BALTIMORE, MD 21230 BALTIMORE, MD 21230 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05042004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 52-1279953 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD 🗽 🄁 Change TITLE TITLE Delete Poitibba [NAME PINNIX, DUANE S NAME 190 W. OSTEND ST. STREET ADDRESS STREET ADDRESS BALTIMORE, MD 21230 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE [Change Addition TITLE SMITH, ROBERT D NAME NAME 190 W. ÖSTEND ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BALTIMORE, MD 21230 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change PITZ, KENNETH E NAME NAME 190 W. OSTEND ST. --STREET ADDRESS STREET ADDRESS BALTIMÓRE, MD 21230 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE POHLOD, PAUL M NAME NAME 190 W OSTENO ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP BALTIMORE, MD 21230 ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 12. I hereby certify that the information supplied with indicated on this report of supplemental report is of the corporation or the receiver or trustee emporhanged, or on an attachment with an address y ind does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empowered. al report is true 14 MAY 2004 SIGNATURE: SIGNATURE AND TY

FILED Jun 07, 2004 8:00 am

Secretary of State