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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005221 (7)**

1. Corporation Name
ISABETH CO., INC.

500001484815
-05/12/95--01004--001
DO NOT WRITE IN SPACE ****200.00

Principal Place of Business	Mailing Address
10065 RED RUN BLVD. OWINGS MILLS MD 21117 US	10065 RED RUN BLVD. OWINGS MILLS MD 21117 US

3. Date Incorporated or Qualified: **11/17/1993**
3a. Date of Last Report: **07/26/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **52-1848116** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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 **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 title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~PD~~ ~~ELKINS, ROBERT N~~ 10065 RED RUN BLVD. OWINGS MILLS MD	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	V Pickett, Taylor	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~VD~~ CIRKA, LAWRENCE P 10065 RED RUN BLVD. OWINGS MILLS MD	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	~~PD~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD ELKINS, MARSHALL A 10065 RED RUN BLVD. OWINGS MILLS MD	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V CAHILL, DENNIS A. 10065 RED RUN BLVD. OWINGS MILLS MD	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	5/1/95 MH	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD LEVIN, MARC B. 10065 RED RUN BLVD. OWINGS MILLS MD	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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: Taylor Pickett 1/20/95 (410)998-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000012 CP