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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

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SIGNATURE:

CITY-ST-ZIF



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300005555 (8)

SYMPHONY MANAGEMENT ASSOCIATES, INCORPORATED

Principal Place of Business Mailing Address 900 BESTGATE RD. 900 BESTGATE RD. SUITE 400 SUITE 400 ANNAPOLIS MD 21401 ANNAPOLIS MD 21401-3066 3. Date Incorporated or Qualified 3a. Date of Last Report 12/07/1993 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 23-2517068 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Źip Country Country This corporation has liability for intangible tax under s. 199.032, Yes | No 24 30 25 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND RO. Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 (NOTL_Registered Agert signature required whon reinstating) Signature, typed or printed name of regulated agend and use if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PCD DELETE Change Addition TITLE 1.1 TO LE SCARPA, FRANK S NAME 1.2 NAME 199 COMMODORE DR STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Change Addition TITLE 2.1 TITLE HART, VALERIE S NAME 2.2 NAME 1702 FOX GRAPE LANE STREET ADDRESS 2 3 STREET ADDRESS ANNAPOLIS MD CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ___ Addition 3.1 THLE DONNELLY, RICHARD J NAME 3.2 NAME 11 SONNEBORN LANE STREET ADDRESS 3.3 STREET ADDRESS SEVERNA PARK MD CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - 7IP DELETE 61 TITLE Change Addition NAME 6.2 NAME

13 if changed, or on an attachment with an address.

13 if changed, or on an attachment with an address.

14 /9-7 (410) 573-5200

6.3 STREET ADDRESS

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

14. I do 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