

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000005589

1. Entity Name
REACH RESORT INVESTMENT CORPORATION



Principal Place of Business
**6000 EXECUTIVE BLVD.
7TH FLOOR
ROCKVILLE, MD 20852**

Mailing Address
**6000 EXECUTIVE BLVD.
7TH FLOOR
ROCKVILLE, MD 20852**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-1854404

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE
SUITE 200
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
MEISEL, JOEL S
6000 EXECUTIVE BLVD. 7TH FL
ROCKVILLE, MD 20852**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
SATURN, MARTIN J
6000 EXECUTIVE BLVD. 7TH FL
ROCKVILLE, MD 20852**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
PATTON, MARLENE
6000 EXECUTIVE BLVD. 7TH FL
ROCKVILLE, MD 20852**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
DROZ, MARVIN I
680 ANDERSON DR.
PITTSBURGH, PA 15220**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
MEISEL, JOEL S
6000 EXECUTIVE BLVD. 7TH FL
ROCKVILLE, MD 20852**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000006955
01/20/04-80003-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **Joel S Meisel** **1/14/04 3:28 PM 7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #