

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90021 019 \*\*\*150.00

**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

00043336



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MEISEL, JOEL S
STREET ADDRESS	6000 EXECUTIVE BLVD. 7TH FL
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	VP
NAME	<del>SATURN, MARTIN</del> Marc L. Meisel
STREET ADDRESS	6000 EXECUTIVE BLVD. 7TH FL
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	VP
NAME	PATTON, MARLENE
STREET ADDRESS	6000 EXECUTIVE BLVD. 7TH FL
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	S
NAME	DROZ, MARVIN I
STREET ADDRESS	680 ANDERSON DR.
CITY-ST-ZIP	PITTSBURGH, PA 15220
TITLE	T
NAME	MEISEL, JOEL S
STREET ADDRESS	6000 EXECUTIVE BLVD. 7TH FL
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

3018817800

Daytime Phone #