## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS F94000001548 (6) DOCUMENT #

Corporation Name		_		 _	-	_		
MENNADY DECRETE	:0	INC	`					

NEWARK PROPERTIES, INC. Mailing Address Principal Place of Business 10400 FERNWOOD RD. 10400 FERNWOOD RD. **DEPT. 52.862** DEPT. 52.862 BETHESDA MD 20817 BETHESDA MD 20817 3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1994 04/19/1995 Applied For 4. FEI Number 2. Principa! Place of Business 2a. Mailing Address 52-1041336 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s 199.032, Zip Country  $Z_{ip}$ ☐ Yes ☐ No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 82 1201 HAYS ST. 83 SUITE 105 TALLAHASSEE FL 32301 Zip Code 84 City 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 (NOTe: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tille. Lapplicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1.13/118 TITLE 1.2 NAME NAME CLIST, TODD 9203 HIDDEN CREEK DR. 1.3 STREET ADDRESS STREET ADDRESS **GREAT FALLS VA** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE [ Change Addition 2.1 ID: F TITLE 2.2 NAME RYAN, JOSEPH NAME 10400 FERNWOOD ROAD 2.3 STREET ADDRESS STREET ADDRESS BETHESDA MD 2 4 CITY - ST - ZIP CITY-ST-ZIP K] Change Addition DELETE TITLE 3 1 THILE MCGLOCKTON, JOAN RECTOR MCGLLOCKTON, JOAN RECTOR 3.2 NAME NAME 1409 SQUAW HILL LN. 3.3 STREET ADDRESS STREET ADDRESS SILVER SPRING MD 20906 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE AS TITLE 4.2 NAME BENZ, NANCY L NAME 9132 WILLOWGATE LN. 4.3 STREET ADDRESS STREET ADDRESS BETHESDA MD 20817 4.4 CITY - ST - ZIP CITY - ST - ZIP Change ☐ Addition DELETE 5. 1 TITLE TITLE 900001819949 5 2 NAME MURPHY, RAYMOND G NAME -05/14/96--01022--021 5.3 STREET ADDRESS 14604 CARROLTON RD. STREET ADDRESS \*\*\*200.00 54 CITY-ST-ZIP ROCKVILLE MD 20853 CITY-ST-ZIP \_\_\_ Additio Change DELE1E 6. 1 TITLE TITLE 6.2 NAME STEIN, MICHAEL A 9812 KENDALE RD. 6.3 STREET ADDRESS STREET ADDRESS

14. I do horeby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

6.4 CITY - ST - ZIP

CITY-ST-ZIP

POTOMAC MD 20854

Many & Blue HIGH ATURE AND TYPE OF A PHINTED HAME OF SIGNING NANCY L. BENZ APR 2 4 1996

(301)380-1233