

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000001548 (6)

1. Corporation Name
NEWARK PROPERTIES, INC.

Principal Place of Business

10400 FERNWOOD RD.
DEPT. 52.862
BETHESDA MD 20817

Mailing Address

10400 FERNWOOD RD.
DEPT. 52.862
BETHESDA MD 20817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1994

4. FEI Number

52-1041336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 Dept 52/924.13

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Dept 52/924.13

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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

Signature typed in printed form of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
CLIST, TODD
STREET ADDRESS
9203 HIDDEN CREEK DR.
CITY-ST-ZIP
GREAT FALLS VA

TITLE ☐ DELETE

NAME
VD
RYAN, JOSEPH
STREET ADDRESS
10400 FERNWOOD ROAD
CITY-ST-ZIP
BETHESDA MD

TITLE ☐ DELETE

NAME
S
MCGLOCKTON, JOAN RECTOR
STREET ADDRESS
1409 SQUAW HILL LN.
CITY-ST-ZIP
SILVER SPRING MD 20908

TITLE ☐ DELETE

NAME
AS
BENZ, NANCY L
STREET ADDRESS
9132 WILLOWGATE LN.
CITY-ST-ZIP
BETHESDA MD 20817

TITLE ☐ DELETE

NAME
T
MURPHY, RAYMOND G
STREET ADDRESS
14604 CARROLTON RD.
CITY-ST-ZIP
ROCKVILLE MD 20853

TITLE ☐ DELETE

NAME
D
STEIN, MICHAEL A
STREET ADDRESS
9812 KENDALE RD.
CITY-ST-ZIP
POTOMAC MD 20854

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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:

Nancy L. Benz

2/2/98

CR2E034 (10/97)