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

Mailing Address

225 EAST REDWOOD STREET

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F9400002310 (0)

225 EAST REDWOOD STREET

225 EAST REDWOOD STREET

BALTIMORE MD

BALTIMORE MD

GISRIEL, TIMOTHY M

REDWOOD LEASING, INC.

Principal Place of Business

225 EAST REDWOOD STREET

Suite, Apt. #, etc Suite, Ap	BALTIMORE N	ID 21202	BALTIMORE MD 21202-3315								
Sulte, Apt. #, etc. Sulte, Ap											
Suite, Apt. #, etc Suite, Apt. #, etc. #, etc Suite, Apt. #, etc. #, etc	2. Principal F	2a. Mailing Address	Address						Applied For		
27 City & State	21		26			52-16	50972			ot Applicab	
28 Trust Fund Contribution Added to Fees Zip Country Zip Country B. This corporation has liability for intangible tax under s. 199.03 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 regist 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 registe agent 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature lagest or penting familiar griphs and title it application. (NOTE Registered Agent Signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME PRUGH, JOHN M 12 NAME PRUGH, JOHN M 225 EAST REDWOOD STREET BALTIMORE MD DELETE 1.1 TITLE PCD Change A AME 23 STREET ADDRESS 24 STREET ADDRESS 24 STREET ADDRESS 24 STREET ADDRESS 24 STREET ADDRESS 25 EAST REDWOOD STREET BALTIMORE MD 24 CITY-ST-2P BALTIMORE MD						5. Certificate	5. Certificate of Status Desired \$8.75 Additional Fee Required				
2/p 25 29 30 30 Florida Statutes 3/2 Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 1200 SOUTH PINE ISLAND ROAD 1200 SOUTH PINE ISLAND ROAD ROAD 1200 SOUTH PINE ISLAND ROAD ROAD ROAD ROAD ROAD ROAD ROAD ROA	- 1	e	h			į.	, •				
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 regist 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 are the provisions of Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent 1 am familiar within, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PC PRUGH, JOHN M 12. DELETE 1.1 TITLE PCD DELETE 1.1 TITLE PCD Change AND CHANGE SIRELL ADDRESS BALTIMORE MD 1.4 CITY-51-ZIP SIRELL ADDRESS SIRELL	Zip				lry		·			s. 199.032,	
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CHY-ST-7P 6.4 CITY-ST-ZIP 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 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIF

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE 52 NAME **5.3 STREET ADDRESS**

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

STHELL ADDRESS

STREET ADDRESS

STREET ADDRESS CITY ST-7P

STREET ASSORESS

CITY-ST-ZIP

CITY-ST-ZIP

Tillé

NAME

THLE

THE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER Timothy M. Gisriel, Treasurer

(410) 727-4083

Change

Change

Change

Addition

Addition

Addition

FILED

Apr 29 1997 8:00am

Secretary of State

Daytime Phone #

0009044