

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **F94000004126 (8)**

1. Corporation Name:

**MARYLAND TELECOMMUNICATION SYSTEMS, INC.**



Principal Place of Business

**275 WEST ST., STE. 400  
ANNAPOLIS MD 21401-1740**

Mailing Address

**275 WEST ST., STE. 400  
ANNAPOLIS MD 21401-1740**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/09/1994**

4. FEI Number

**52-1526369**

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

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                            |                                 |
|-----------------|----------------------------|---------------------------------|
| TITLE           | CP                         | <input type="checkbox"/> DELETE |
| NAME            | TOSE, MAURICE B            |                                 |
| STREET ADDRESS  | 1290 MAGNOLIA AVE.         |                                 |
| CITY - ST - ZIP | ANNAPOLIS MD 21403         |                                 |
| TITLE           | V                          | <input type="checkbox"/> DELETE |
| NAME            | YOUNG, RICHARD             |                                 |
| STREET ADDRESS  | 275 WEST STREET, SUITE 400 |                                 |
| CITY - ST - ZIP | ANNAPOLIS MD 21401         |                                 |
| TITLE           |                            | <input type="checkbox"/> DELETE |
| NAME            |                            |                                 |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |
| TITLE           |                            | <input type="checkbox"/> DELETE |
| NAME            |                            |                                 |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |
| TITLE           |                            | <input type="checkbox"/> DELETE |
| NAME            |                            |                                 |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                            |                                                                              |
|---------------------|----------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | S                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | THOMAS M. BRANDT, JR       |                                                                              |
| 1.3 STREET ADDRESS  | 275 West Street, Suite 400 |                                                                              |
| 1.4 CITY - ST - ZIP | Annapolis, MD 21401        |                                                                              |
| 2.1 TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                            |                                                                              |
| 2.3 STREET ADDRESS  |                            |                                                                              |
| 2.4 CITY - ST - ZIP |                            |                                                                              |
| 3.1 TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                            |                                                                              |
| 3.3 STREET ADDRESS  |                            |                                                                              |
| 3.4 CITY - ST - ZIP |                            |                                                                              |
| 4.1 TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                            |                                                                              |
| 4.3 STREET ADDRESS  |                            |                                                                              |
| 4.4 CITY - ST - ZIP |                            |                                                                              |
| 5.1 TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                            |                                                                              |
| 5.3 STREET ADDRESS  |                            |                                                                              |
| 5.4 CITY - ST - ZIP |                            |                                                                              |
| 6.1 TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Richard A. Young* RICHARD A. YOUNG

01/15/98

410/263-7616

CR2E034 (10/97)