

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

FILED
May 01 1998 8:00am
Secretary of State

DOCUMENT # **F94000005166 (3)**

1. Corporation Name

MARYLAND NETHERLANDS CREDIT INSURANCE COMPANY



Principal Place of Business

Mailing Address

**210 NORTH CHARLES STREET
BALTIMORE MD 21201**

**210 NORTH CHARLES STREET
BALTIMORE MD 21201**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1994

4. FEI Number

51-1807914

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

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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 **PD** ☐ DELETE

NAME **HECKATHORN, GLEN J**
STREET ADDRESS **210 NORTH CHARLES STREET**
CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE **D** ☐ DELETE

NAME **MASON, RAYMOND ADAM**
STREET ADDRESS **111 S. CALVERT ST.**
CITY-ST-ZIP **BALTIMORE MD**

TITLE **S** ☐ DELETE

NAME **KEENAN, JAMES I JR**
STREET ADDRESS **300 ST. PAUL PLACE/PO BOX 1227**
CITY-ST-ZIP **BALTIMORE MD 21203**

TITLE **T** ☐ DELETE

NAME **GALLAGHER, JOSEPH J**
STREET ADDRESS **300 ST. PAUL PLACE/PO BOX 1227**
CITY-ST-ZIP **BALTIMORE MD 21203**

TITLE **D** ☐ DELETE

NAME **MERZ, ANNETTE**
STREET ADDRESS **300 ST PAUL PLACE**
CITY-ST-ZIP **BALTIMORE MD**

TITLE **VC** ☐ DELETE

NAME **HOBLITZELL, ALAN P**
STREET ADDRESS **11000 BROKEN LAND PARWAY/THE RYLAND GROUP**
CITY-ST-ZIP **COLUMBIA MD 21044-2562**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **O** ☐ Change ☒ Addition

1.2 NAME **Rolf, Lisa A.**
1.3 STREET ADDRESS **210 N. Charles Street**
1.4 CITY-ST-ZIP **Baltimore, MD 21201**

2.1 TITLE **V** ☐ Change ☒ Addition

2.2 NAME **Felmar, Mark S.**
2.3 STREET ADDRESS **210 N. Charles Street**
2.4 CITY-ST-ZIP **Baltimore, MD 21201**

3.1 TITLE **V** ☐ Change ☒ Addition

3.2 NAME **Adriaan van de Wall**
3.3 STREET ADDRESS **210 N. Charles Street**
3.4 CITY-ST-ZIP **Baltimore, MD 21201**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Williams, Richard**
4.3 STREET ADDRESS **300 St. Paul Place**
4.4 CITY-ST-ZIP **Baltimore, MD 21201**

5.1 TITLE **C** ☐ Change ☒ Addition

5.2 NAME **Hulshoff, Maarten**
5.3 STREET ADDRESS **NCM Holding NV**
5.4 CITY-ST-ZIP **Postbus 473, 1000 AL Amsterdam**

6.1 TITLE **V** ☐ Change ☒ Addition

6.2 NAME **Knodell, Joyce E.**
6.3 STREET ADDRESS **210 N. Charles Street**
6.4 CITY-ST-ZIP **Baltimore, MD 21201**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 195.07(3)(b), 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.

CR2E034 (10/97)