

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000005166.

1. Entity Name
NCM AMERICAS, INC.



Principal Place of Business
5026 CAMPBELL BLVD. SUITE C
NOTTINGHAM, MD 21236

Mailing Address
5026 CAMPBELL BLVD. SUITE C
NOTTINGHAM, MD 21236



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-1807914

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable

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

UN0000165951

07/13/04-800000-025 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NEIL, LEARY A
STREET ADDRESS 210 NORTH CHARLES STREET
CITY-ST-ZIP BALTIMORE, MD 21201

TITLE VPFD
NAME BECKWITH, THOMAS W
STREET ADDRESS 5026 CAMPBELL BLVD., STE C
CITY-ST-ZIP BALTIMORE, MD 21236

TITLE VS
NAME KNOELL, JOYCE E
STREET ADDRESS 210 N CHARLES ST
CITY-ST-ZIP BALTIMORE, MD 21201

TITLE VPD
NAME FELMAR, MARK S
STREET ADDRESS 5026 CAMPBELL BLVD., SUITE C
CITY-ST-ZIP BALTIMORE, MD 21236

TITLE D
NAME CLARK, WILLIAM J
STREET ADDRESS 5026 CAMPBELL BLVD., STE C
CITY-ST-ZIP BALTIMORE, MD 21236

TITLE PCOO
NAME SOLITRO, ROBERT M
STREET ADDRESS 650 ELM STREET
CITY-ST-ZIP MANCHESTER, NH 03101

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa A. Rolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa A. Rolf

7/2/04 (410)246-5501

Date

Daytime Phone #