

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000000242 (6)

1. Corporation Name

THE REGISTRY, INC.



Principal Place of Business

11140 ROCKVILLE PIKE #1200  
ROCKVILLE MD 20852

Mailing Address

11140 ROCKVILLE PIKE #1200  
ROCKVILLE MD 20852

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified  
01/17/1995

3a. Date of Last Report

4. FEI Number  
52-1905406

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature of person submitting this report (if not the registered agent)

Signature of Registered Agent (if not the person submitting this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME BARNETT, EVAN  
STREET ADDRESS 11140 ROCKVILLE PIKE, #1200  
CITY, ST, ZIP ROCKVILLE MD 20852

☐ DELETE

TITLE DS  
NAME BRYAN, SUSAN  
STREET ADDRESS 11140 ROCKVILLE PIKE, #1200  
CITY, ST, ZIP ROCKVILLE MD 20852

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

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STREET ADDRESS  
CITY, ST, ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Bubers Bauohed*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 (305) 661-5455  
Date Printed

CR2E034 (12/95)