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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000804 (3)**

1. Corporation Name

**CORNERSTONE HOUSING CORPORATION**

Principal Place of Business

Mailing Address

10227 WINCOPIN CIRCLE  
SUITE 810  
COLUMBIA MD 21044

10227 WINCOPIN CIRCLE  
SUITE 810  
COLUMBIA MD 21044

3. Date Incorporated or Qualified

**02/17/1995**

4. FEI Number

**52-1742293**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
SUITE 105  
TALLAHASSEE FL 32301**

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **HARVEY, F. BARTON III**  
STREET ADDRESS **10227 WINCOPIN CIRCLE, SUITE 500**  
CITY-ST-ZIP **COLUMBIA MD 21044**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **MARK SISSMAN**  
1.3 STREET ADDRESS **10227 WINCOPIN CIRCLE, SUITE 800**  
1.4 CITY-ST-ZIP **COLUMBIA, MD 21044**

TITLE **D** ☐ DELETE  
NAME **RAMSEY, REYNARD**  
STREET ADDRESS **10227 WINCOPIN CIRCLE, SUITE 500**  
CITY-ST-ZIP **COLUMBIA MD 21044**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **HELMS, DIANA**  
STREET ADDRESS **10227 WINCOPIN CIRCLE, SUITE 810**  
CITY-ST-ZIP **COLUMBIA MD 21044**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE  
NAME **EDMONDSON, JAMES**  
STREET ADDRESS **1350 BEBERLY RD, SUITE 108**  
CITY-ST-ZIP **MCLEAN VA 22101**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **MCGUIRE, SCOTT**  
STREET ADDRESS **10640 STEPPINGTON DR**  
CITY-ST-ZIP **DALLAS TX 75230**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **BERG, JEFFERY C**  
STREET ADDRESS **10227 WINCOPIN CIRCLE, SUITE 500**  
CITY-ST-ZIP **COLUMBIA MD 21044**

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

**JEFFERY C. BERG, 1-28-98 410-464-1230**

CR2E037 (10/97)