2000 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2000 8:00 ar Secretary of State OCUMENT # F95000001106 M SALES OF MARYLAND, INC. 05-10-2000 90174 009 ***150.00 Mailing Address ்ஜன் Place of Business POTOMAC INDUSTRIAL PARK PO BOX 1742 UPPER POTOMAC IND PARK _*** MD 21502 **CUMBERLAND MD 21501-1742** rincipal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -- ite, Apt. #, etc. Applied For City & State my & State 4. FEI Number 52-1907546 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 . corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 filling requirement and elects to do so. Trust Fund Contribution. Added to Fees 🖙 criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Change ☐ Delete SCHWAB, SAMUEL C annuegg UPPER POTOMAC, INDUSTRIAL PARK STREET ADDRESS CITY-ST-ZIP CUMBERLAND MD ☐ Change ☐ Addition Delete TITLE SCHWAB, DOUGLAS S NAME UPPER POTOMAC, INDUSTRIAL PARK STREET ADDRESS ZIP CHY-ST-7IP **CUMBERLAND MD** --- Change ■ Addition TD Delete TITLE STUART, RONALD W NAME STREET ADDRESS ADDRECO UPPER POTOMAC, INDUSTRIAL PARK 710 CITY-ST-ZIP **CUMBERLAND MD** Change ■ Addition ☐ Delete HRDINA JR, GEORGE J UPPER POTOMAC, INDUSTRIAL PARK STREET ADDRESS CITY-ST-ZIP ZIP **CUMBERLAND MD** Addition ☐ Change ☐ Delete NAME 1000533 STREET ADDRESS CITY-ST-ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 in this report or supplied will the initiate and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director time 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 11 or Block 12 if and on an attachment with an address, with all others.

Stuart