2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# F95000003131

Entity Name: PERDUE (MARYLAND HOLDING COMPANY) INCORPORATED

Current Principal Place of Business:

P.O. BOX 1537
SALISBURY, MD 21802

New Principal Place of Business:

OLD OCEAN CITY ROAD
SALISBURY, MD 21801

Current Mailing Address:

P.O. BOX 1537
SALISBURY, MD 21802

New Mailing Address:

FEI Number: 52-0888853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JENNIFER SPANGLER
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PERDUE, FRANKLIN P
Address: OLD OCEAN CITY ROAD
City-St-Zip: SALISBURY, MD

Title: PD ( ) Delete
Name: TURLEY, ROBERT A
Address: OLD OCEAN CITY ROAD
City-St-Zip: SALISBURY, MD

Title: D ( ) Delete
Name: DORAZSDI, JAMES J
Address: 13460 W BIRCHWOOD LANE
City-St-Zip: GALENA, MD 21635

Title: D ( ) Delete
Name: KELLY, DEBORAH E
Address: 604 W 6TH AVE
City-St-Zip: DENVER, CO 80204

Title: V ( ) Delete
Name: DAY, RANDALL M
Address: OLD OCEAN CITY ROAD
City-St-Zip: SALISBURY, MD

Title: V ( ) Delete
Name: HEFLIN, ROBERT H
Address: OLD OCEAN CITY ROAD
City-St-Zip: SALISBURY, MD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PERDUE, JAMES A
Address: OLD OCEAN CITY ROAD
City-St-Zip: SALISBURY, MD

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MAHN, THOMAS E
Address: OLD OCEAN CITY ROAD
City-St-Zip: SALISBURY, MD

Title: D (X) Change ( ) Addition
Name: WILLEY, RICHARD L
Address: OLD OCEAN CITY ROAD
City-St-Zip: SALISBURY, MD

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E MAHN D 04/04/2008
Electronic Signature of Signing Officer or Director Date