

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F95000004635

1. Entity Name  
THE TRAFFIC GROUP, INC.



FILED

04 NOV -9 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10272004 REIN-P CR2E098 (6/04)

Principal Place of Business  
9900 FRANKLIN SQUARE DR  
SUITE H  
BALTIMORE, MD 21236

Mailing Address  
9900 FRANKLIN SQUARE DR  
SUITE H  
BALTIMORE, MD 21236

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

4. FEI Number  
52-1391057

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY (CSC)  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *Jacqueline N. Casper* Jacqueline N. Casper, Assistant VP 11/01/04  
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUCKERT, JOHN W			NAME	000042610610		
STREET ADDRESS	6 GLENCOE MANOR COURT			STREET ADDRESS	11/09/04--01087--029 **158.75		
CITY-ST-ZIP	SPARKS, MD 21152			CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORNELIUS, MICKEY A P.E.			NAME			
STREET ADDRESS	225 CHRISTOPHER RD			STREET ADDRESS			
CITY-ST-ZIP	FOREST HILL, MD 21050			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYES, DONALD W			NAME			
STREET ADDRESS	3617 PARKHURST WAY			STREET ADDRESS			
CITY-ST-ZIP	BALTIMORE, MD 21236			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIELIAN, LISA			NAME			
STREET ADDRESS	3109 POUKSA RD			STREET ADDRESS			
CITY-ST-ZIP	ABINGDON, MD 21009			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Donald W. Hayes* Donald W. Hayes, V.P. 11/02/04 410-931-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #