2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000004635

THE TRAFFIC GROUP, INC.



Mailing Address

Principal Place of Business 9900 FRANKLIN SQUARE DR

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

BALTIMORE, MD 21236

FILED Jan 12, 2006 08:00 AM Secretary of State



01042006

No Chg-P

CR2E034 (11/05)

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

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				IN	INIS SPACE
	named entity submits this statement for the poons of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	i applicable. (NOTE, Registered A	gem signaturi	e required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Financi Trust Fund Contribution. 	רים בי	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUCKERT, JOHN W 6 GLENCOE MANOR COURT SPARKS, MD 21152				U00000384777 01/17/08-80029-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CORNELIUS, MICKEY A P.E. 225 CHRISTOPHER RD FOREST HILL, MD 21050				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HAYES, DONALD W 3617 PARKHURST WAY BALTIMORE, MD 21236			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIELIAN, LISA 3109 POUKSA RD ABINGDON, MD 21009				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOK, GLENN E 1713 SUMMIT AVENUE BALTIMORE, MD 21237	-			

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DONALD W-HAYES

410-931-6600