

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90135 024 \*\*\*158.75

DOCUMENT # F95000004887

1. Corporation Name  
MARCORP, INC. OF ALABAMA

Principal Place of Business

845 CROSSOVER LN  
130  
MEMPHIS TN 38117  
US

Mailing Address

845 CROSSOVER LN  
130  
MEMPHIS TN 38117  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1995

4. FEI Number

63-1131885

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 9801 Washingtonian Blvd

2a. Mailing Address

26 P.O. Box 352

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Gaithersburg, MD

City & State

28 Buffalo, NY

Zip

24 20878

Country

25 US

Zip

29 14240

Country

30 US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE ☒ DELETE

NAME DP  
MILLER, HARRY  
STREET ADDRESS 845 CROSSOVER LN, SUITE 130  
CITY-ST-ZIP MEMPHIS TN

TITLE ☒ DELETE

NAME VP  
CRANE, WILLIAM H. JR.  
STREET ADDRESS 6317 MUIRWOODS DRIVE  
CITY-ST-ZIP MOBILE AL 36693

TITLE ☒ DELETE

NAME S  
ALEXANDER, JOHN  
STREET ADDRESS 1210 HILLCREST RD  
CITY-ST-ZIP MOBILE AL

TITLE ☒ DELETE

NAME T  
MAZZA, THOMAS  
STREET ADDRESS 1210 HILLCREST RD  
CITY-ST-ZIP MOBILE AL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME P/D  
O'Dell, Charles D.  
STREET ADDRESS 9801 Washingtonian Blvd  
CITY-ST-ZIP Gaithersburg, MD 20878

2.1 TITLE ☐ Change ☒ Addition

NAME S  
McGlockton, Joan Rector  
STREET ADDRESS 9801 Washingtonian Blvd  
CITY-ST-ZIP Gaithersburg, MD 20878

3.1 TITLE ☐ Change ☒ Addition

NAME V/D  
Hyatt, Lawrence E.  
STREET ADDRESS 9801 Washingtonian Blvd  
CITY-ST-ZIP Gaithersburg, MD 20878

4.1 TITLE ☐ Change ☒ Addition

NAME Vacant  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

NAME V/D  
Landel, Michel  
STREET ADDRESS 9801 Washingtonian Blvd  
CITY-ST-ZIP Gaithersburg, MD 20878

6.1 TITLE ☐ Change ☒ Addition

NAME AS  
Allen, Richard H.  
STREET ADDRESS 10 Earhart Drive  
CITY-ST-ZIP Williamsville, NY 14221

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard H. Allen* Richard H. Allen 4/12/99 (716) 633-2222 x8376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)