

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90081 003 \*\*\*150.00

<b>DOCUMENT # F95000005846</b>	
1. Entity Name <b>BIT HOLDINGS SEVENTEEN, INC.</b>	



Principal Place of Business <b>C/O HENRY C. PITTS 2 HOPKINS PLAZA BALTIMORE, MD 21201</b>	Mailing Address - <b>C/O DEBORAH R CHAMBLISS SUITE 804, BIT HOLDINGS, 2 HOPKINS PLAZA BALTIMORE, MD 21201 US</b>
--	---



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02242005 Chg-P CR2E034 (10/03)

4. FEI Number <b>52-1952428</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HIQ CORPORATE SERVICES, INC. 526 E PARK AVE #200 TALLAHASSEE, FL 32301</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PITTS, HENRY C 2 HOPKINS PLAZA BALTIMORE, MD 21201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CHAMBLISS, DEBORAH R 2 HOPKINS PLAZA BALTIMORE, MD 21201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST CHAMBLISS, DEBORAH R 2 HOPKINS PLAZA BALTIMORE, MD 21201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SCHENNING, DAVID C 2 HOPKINS PLAZA BALTIMORE, MD 21201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SCHENNING, DAVID C 2 HOPKINS PLAZA BALTIMORE, MD 21201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SAULSBURY, GRANTLAND 2 HOPKINS PLAZA BALTIMORE, MD 21201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HALL, ARDYTH L 2 HOPKINS PLAZA BALTIMORE, MD 21201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CALLANTINE, DOUGLAS S 2 HOPKINS PLAZA BALTIMORE, MD 21201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCCARTHY, KEVIN P 2 HOPKINS PLAZA BALTIMORE, MD 21201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HANDS, KATHLEEN 2 HOPKINS PLAZA BALTIMORE, MD 21201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUZ, MARK H 2 HOPKINS PLAZA BALTIMORE, MD 21201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCPAUL, MICHAEL 2 HOPKINS PLAZA BALTIMORE, MD 21201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah R. Chambliss 3/1/05 410-237-5424

Date

Daytime Phone #

# ATTACHMENT

400 31698

# F9500000 5846

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

VS

☐ Change ☒ Addition

Wisniewski, Judith  
2 Hopkins Plaza  
Baltimore, MD 21201

---

VS

☐ Change ☒ Addition

Bracken, Enda  
2 Hopkins Plaza  
Baltimore, MD 21201