

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90234 038 ***150.00

DOCUMENT # F96000000869

1. Entity Name
MBC NATIONAL SERVICE CORPORATION



Principal Place of Business
**6950 COLUMBIA GATEWAY DR
SUITE #400
COLUMBIA, MD 21046 US**

Mailing Address
**6950 COLUMBIA GATEWAY DR
SUITE #400
COLUMBIA, MD 21046 US**

14010963



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132004

Chg-P

CR2E034 (10/03)

4. FEI Number
22-3423645

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
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	SANFORD, CHARLOTTE A.	
STREET ADDRESS	6666 POWERS FERRY RD, STE. 100	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAZAROFF, DENNIS J.	
STREET ADDRESS	13736 RIVERPORT DRIVE, SUITE 400	
CITY-ST-ZIP	MARYLAND HEIGHTS, MO 63043	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CUMMINGS, ANDREW M.	
STREET ADDRESS	666 THIRD AVE 5TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOODY, DENNIS	
STREET ADDRESS	6950 COLUMBIA GATEWAY DR, STE. 400	
CITY-ST-ZIP	COLUMBIA, MD 21046	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	DEMILIO, MARK S	
STREET ADDRESS	6950 COLUMBIA GATEWAY DR, STE. 400	
CITY-ST-ZIP	COLUMBIA, MD 21046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark S. Demilio	
STREET ADDRESS	6950 Columbia Gateway Drive	
CITY-ST-ZIP	Columbia, MD 21046	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14100 Magellan Plaza	
CITY-ST-ZIP	Maryland Heights MO 63043	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew M. Cummings	
STREET ADDRESS	40 William Street, Ste 102	
CITY-ST-ZIP	New York, NY 10038	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

Daytime Phone #