

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001928

1. Entity Name

REZNICK FEDDER & SILVERMAN, CERTIFIED PUBLIC ACC

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90109 045 \*\*\*150.00

Principal Place of Business	Mailing Address
EAST WEST HWY. SUITE 300 BETHESDA MD 20814	4520 EAST WEST HWY. SUITE 300 BETHESDA MD 20814-3347

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



DO NOT WRITE IN THIS SPACE

4. FEI Number		52-1088612		Applied For
				Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REZNICK, DAVID CPA	NAME	
STREET ADDRESS	12103 GREENLEAF AVE	STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDDER, STUART M CPA	NAME	
STREET ADDRESS	14808 FLINTSTONE LANE	STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD 20904	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARSKY, JEFFREY D CPA	NAME	
STREET ADDRESS	6317 32ND ST NW	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20015	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRMINGHAM, CRAIG CPA	NAME	
STREET ADDRESS	9700 MEYER POINT DR	STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAACSON, LEE E CPA	NAME	
STREET ADDRESS	1716 GLASTONBERRY RD	STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANIS, LESTER A CPA	NAME	
STREET ADDRESS	20 PEBBLE RIDGE CT	STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Ivan B. Silverman

SIGNATURE:	<i>Ivan B. Silverman</i>	2/18/00	(301) 652-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)