

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90453 019 ***550.00

DOCUMENT # F96000001928

1. Entity Name

REZNICK FEDDER & SILVERMAN, CERTIFIED PUBLIC ACCOUNTANTS, BUSINESS CONSULTANTS, A PROFESSIONAL CORPORATION

Principal Place of Business

**4520 EAST WEST HWY, SUITE 300
BETHESDA MD 20814**

Mailing Address

**4520 EAST WEST HWY, SUITE 300
BETHESDA MD 20814**

2. Principal Place of Business

7700 Old Georgetown Road

3. Mailing Address

7700 Old Georgetown Road

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Bethesda, MD

City & State

Bethesda, MD

4. FEI Number

52-1088612

Applied For

Not Applicable

Zip

20814

Country

USA

Zip

20814

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------------------|----------------|-------------|---------------------------------|
| | C | | | |
| | REZNICK, DAVID CPA | | | |
| | 12103 GREENLEAF AVE | | | |
| | POTOMAC MD 20854 | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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|--|-----------------------------|--|--|--|
| | P | | | |
| | RUTENBERG, JONATHAN | | | |
| | 5410 TRENT STREET | | | |
| | CHEVY CHASE MD 20815 | | | |

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| | -V | | | |
| | BARSKY, JEFFREY D CPA | | | |
| | 6317 32ND ST NW | | | |
| | WASHINGTON DC 20015 | | | |

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| | V | | | |
| | BIRMINGHAM, CRAIG CPA | | | |
| | 9700 MEYER POINT DR | | | |
| | POTOMAC MD 20854 | | | |

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| | V | | | |
| | ISAACSON, LEE E CPA | | | |
| | 1716 GLASTONBERRY RD | | | |
| | POTOMAC MD 20854 | | | |

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| | V | | | |
| | KANIS, LESTER A CPA | | | |
| | 20 PEBBLE RIDGE CT | | | |
| | POTOMAC MD 20854 | | | |

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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.

SIGNATURE: Ivan B. Silverman, Sec/Treas. 6/12/02 (301) 652-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)