2002 UNIFORM BUSINESS REPORT (UBR)

F96000001928 DOCUMENT

1. Entity Name

REZNICK FEDDER & SILVERMAN, CERTIFIED PUBLIC ACC OUNTANTS, BUSINESS CONSULTANTS, A PROFESSIONAL C

Principal	Place of	Business
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4520 EAST WEST HWY, SUITE 300 BETHESDA MD 20814

Mailing Address

4520 EAST WEST HWY, SUITE 300

BETHESDA MD 20814

FILED Jun 25, 2002 8:00 am Secretary of State

06-25-2002 90453 019 ***550.00



7.700 Old Georgetown Road Suite Act of Suite	2. Principal P	lace of Business	3. Mailing Address						L 31000 1801 1801 18	
Suite, Apple etc. Suite 400 City & State Bethesda, MD Bethesda, MD Bethesda, MD Country 20814 USA 20814 USA 20814 Country 20814 Coun	· · · · · · · · · · · · · · · · · · ·			~ ^ + ~ · · ·	. Dood			4.0	Service Control	
Suite 400 Suite 400 Cry A State Bethesda, MD County Zp 20814 County LySA C	Suite, Apt.	#. etc.				DO NOT WRITE IN THIS SPACE				
Bethesda, MD Bethesda, MD S2-1088612 Not Applicable S2-1088612 S2-10886						DO NOT WHITE IN THIS SPACE				
Bethesda, MD	City & State City & State					4. FEI Number		TIA	pplied For	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City C	<u> </u>					52-1088612				
20814 USA 20814 USA 7. Name and Address of New Registered Agent 7. Name	Zip	Country	Zip	Countr	у	E Contilionto di Cint - Dunio		\$8.75 Ad	ditional	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 6. 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 SUBMATURE SUBM	20814	USA	20814	USA		Certificate of Status Desired	Ш			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. 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 Bouts in the do or levels raise of registered agent and tilled a special agent and tilled a special agent and tilled a special agent agen	• • • • • • • • • • • • • • • • • • • •	6. Name and Address of Current	Registered Agent		7	7. Name and Address of New Re	gistered	i Agent		
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code					Name					
PLANTATION FL 33324 City	C T CORPORATION SYSTEM			-	Character (D.O. Barrell, artist in No. A. 111)					
8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida SIGNATURE Signature Signatu	1200 SOL	JTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida SIGNATURE Signature Signatu	PLANTATI	ON FL 33324								
B. 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 Signal Turk				-						
SIGNATURE Summunic typed or preted name of registered agent and site if applicable. (NOTE Registered Agent sequence when retinations) DATE					City		F	Zip Cod	de	
SIGNATURE Summunic typed or preted name of registered agent and site if applicable. (NOTE Registered Agent sequence when retinations) DATE	8. The above	named entity submits this statement for	or the purpose of changing its	registere	office or registered	agent or both in the State of Flor				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ** **INTER NOW!!!** FEE! \$\$\$15.00** ** **INTER NOW!!!** FEE! \$\$\$15.00** ** ** **INTER NOW!!!** FEE! \$\$\$15.00** ** ** ** ** ** ** ** ** ** ** ** **	o. The above	Trained criticy subtrites trite state more to	or the purpose of changing its	o registeret	7 Cilice of registered	agent, or both, in the state of hor	ua.			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ** **INTER NOW!!!** FEE! \$\$\$15.00** ** **INTER NOW!!!** FEE! \$\$\$15.00** ** ** **INTER NOW!!!** FEE! \$\$\$15.00** ** ** ** ** ** ** ** ** ** ** ** **	71									
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00	SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature required who	en reinstating)	DATE			
Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550,00 Trust Fund Contribution. \$5.00 May Be Added to Fees (See criteria on back) 11.						,				
Committee Comm						10. Election Campaign Fina	ncina	6 E 0	M un-	
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CITY-ST-ZIP POTOMAC MD 20854 CITY-ST-ZIP	STREET ADDRESS	20 PEBBLE RIDGE CT			ADDRESS					
13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07/3\fit). Florida Statutes. I further certify that the information	CITY-ST-ZIP	POTOMAC MD 20854			1					
	13. Thereby o	ertify that the information supplied with	this filing does not qualify for	r the exem	otion stated in Section	on 119.07(3)(i) Florida Statutes Lfi	irther co	ertify that the in	nformation	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ivan B. SIlverman, Sec/Treas.

(301) 652-9100