

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001928

FILED
Jan 15, 2004
Secretary of State

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

Current Principal Place of Business:

7700 OLD GEORGETOWN RD
STE 400
BETHESDA, MD 20814

New Principal Place of Business:

Current Mailing Address:

7700 OLD GEORGETOWN RD
STE 400
BETHESDA, MD 20814

New Mailing Address:

FEI Number: 52-1088612 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: REZNICK, DAVID CPA
Address: 12103 GREENLEAF AVE
City-St-Zip: POTOMAC, MD 20854

Title: P () Delete
Name: RUTENBERGQ, JONATHAN
Address: 5410 TRENT STREET
City-St-Zip: CHEVY CHASE, MD 20815

Title: V () Delete
Name: BARSKY, JEFFREY D CPA
Address: 6317 32ND ST NW
City-St-Zip: WASHINGTON, DC 20015

Title: V () Delete
Name: BIRMINGHAM, CRAIG CPA
Address: 9700 MEYER POINT DR
City-St-Zip: POTOMAC, MD 20854

Title: V () Delete
Name: ISAACSON, LEE E CPA
Address: 1716 GLASTONBERRY RD
City-St-Zip: POTOMAC, MD 20854

Title: V () Delete
Name: KANIS, LESTER A CPA
Address: 20 PEBBLE RIDGE CT
City-St-Zip: POTOMAC, MD 20854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: REZNICK, DAVID CPA
Address: 12103 GREENLEAF AVE
City-St-Zip: POTOMAC, MD 20854

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID REZNICK

Electronic Signature of Signing Officer or Director

PRES

01/15/2004

_____ Date