2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001928

Entity Name: REZNICK GROUP, P.C.

FILED Jan 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7700 OLD GEORGETOWN RD STE 400 BETHESDA, MD 20814 **New Mailing Address: Current Mailing Address:** 7700 OLD GEORGETOWN RD STE 400 BETHESDA, MD 20814 FEI Number: 52-1088612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition REZNICK, DAVID CPA Name: Name: 12103 GREENLEAF AVE Address: Address: City-St-Zip: POTOMAC, MD 20854 City-St-Zip: Title: Title: () Delete () Change () Addition Name: REZNICK, DAVID CPA Name: 12103 GREENLEAF AVE Address: Address: POTOMAC, MD 20854 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete BIRMINGHAM, CRAIG CPA SILVERMAN, IVAN CPA Name: Name: 9700 MEYER POINT DR 14821 BAUER DRIVE Address: Address: City-St-Zip: POTOMAC, MD 20854 City-St-Zip: ROCKVILLE, MD 20853 Title: () Delete Title: (X) Change () Addition ISAACSON, LEE E CPA BAGGETT, KENNETH E CPA Name: Name: Address: 1716 GLASTONBERRY RD Address: 370 WEMBLEY CIRCLE City-St-Zip: City-St-Zip: POTOMAC, MD 20854 ATLANTA, GA 30328 Title: Title: (X) Change () Addition () Delete KANIS, LESTER A CPA Name: Name: KANIS, LESTER A CPA 20 PEBBLE RIDGE CT Address: 20 PEBBLE RIDGE CT Address: City-St-Zip: POTOMAC, MD 20854 City-St-Zip: POTOMAC, MD 20854 Title: () Delete Title: () Change (X) Addition BECK, MICHAEL C CPA Name: Name: 4355 BURGESS HILL LANE Address: Address: City-St-Zip: City-St-Zip: ALPHARETTA, GA 30202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

	Flacture is Company of Company Officer or Director		D-1-
SIGNATURE:	DAVID REZNICK, PRESIDENT AND CHAIRMAND	Р	01/15/2008