

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000003582**

1. Entity Name  
**CHERRY HILL CONSTRUCTION, INC.**



Principal Place of Business  
**8211 WASHINGTON BLVD.  
JESSUP, MD 20794**

Mailing Address  
**8211 WASHINGTON BLVD.  
JESSUP, MD 20794**



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**52-0890004**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000804946

02/05/08-80030-005 158.75

**10. OFFICERS AND DIRECTORS**

TITLE PDCE  
NAME LOFTUS, JOHN A  
STREET ADDRESS 8612 SADDLEBACK PLACE  
CITY-ST-ZIP LAUREL, MD 20723

TITLE VSCF  
NAME HERR, GERARD J  
STREET ADDRESS 7 PERCELL COURT  
CITY-ST-ZIP NOTTINGHAM, MD 21236

TITLE VPO  
NAME QUINLAN, BRIAN J  
STREET ADDRESS 1029 WATERSIDE CIR  
CITY-ST-ZIP FORT LAUDERDALE, FL 33327

TITLE T  
NAME MELLACE, SUSAN C  
STREET ADDRESS 23 DIRADO DRIVE  
CITY-ST-ZIP MARLBOROUGH, MA 01752

TITLE VP  
NAME KENNEDY, BOB D  
STREET ADDRESS 7404 SETTING SUN WAY  
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 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

**(BRIAN J. QUINLAN, VICE PRESIDENT OPERATIONS)**

1/21/08

Date

410-799-3577

Daytime Phone #