

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000006165

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** CT ASSOCIATES OF MARYLAND, INC.

**Current Principal Place of Business:**

900 MONTGOMERY SST.  
LAUREL, MD 20707

**New Principal Place of Business:**

900 MONTGOMERY ST.  
LAUREL, MD 20707

**Current Mailing Address:**

P.O. BOX 1340  
LAUREL, MD 207251340

**New Mailing Address:**

**FEI Number:** 52-1708866      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TINI, CHARLES A  
160 CREPE MYRTLE DR  
GROVELAND, FL 34736      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

**OFFICERS AND DIRECTORS:**

**Title:** CP  
**Name:** TINI, CHARLES  
**Address:** 900 MONTGOMERY STREET  
**City-St-Zip:** LAUREL, MD 20707

**Title:** S  
**Name:** JACKSON, MARSHA S  
**Address:** 900 MONTGOMERY STREET  
**City-St-Zip:** LAUREL, MD 20707

I hereby 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 all other like empowered.

SIGNATURE: CHARLES TINI

CP

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date