

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90015 033 ***150.00

DOCUMENT # F96000006698

1. Corporation Name
MARIETTA/SCC, INC.

Principal Place of Business
**20065 RED RUN BLVD
OWINGS MILLS MD 21117
US**

Mailing Address
**10065 RED RUN BLVD
OWINGS MILLS MD 21117
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1996	
21 10065 Red Run Blvd		26		4. FEI Number 58-2114429	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Owings mills md		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip Country		Zip Country			
24 21117 25 USA		29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELKINS, ROBERT N	1.2 NAME	Taylor Pickett
STREET ADDRESS	10065 RED RUN BLVD	1.3 STREET ADDRESS	10065 Red Run Blvd
CITY-ST-ZIP	OWINGS MILLS MD 21117	1.4 CITY-ST-ZIP	owings mills, MD 21117
TITLE	T DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, BRADLEY	2.2 NAME	Robert Stephenson
STREET ADDRESS	10065 RED RUN BLVD	2.3 STREET ADDRESS	10065 Red Run Blvd
CITY-ST-ZIP	OWINGS MILLS MD 21117	2.4 CITY-ST-ZIP	owings mills MD 21117
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULCHINO, MARK	3.2 NAME	mark Fulchino
STREET ADDRESS	10065 RED RUN BLVD	3.3 STREET ADDRESS	10065 Red Run Blvd
CITY-ST-ZIP	OWINGS MILLS MD 21117	3.4 CITY-ST-ZIP	owings mills MD 21117
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARC B	4.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL	5.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Fulchino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

410-998-8578
Daytime Phone #

CR2E034 (1/98)