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FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000612 (8)

1. Corporation Name

OFFICE MOVERS, INC.

Principal Place of Business

6810 DEERPATH ROAD, STE 100
BALTIMORE MD 21227

Mailing Address

6810 DEERPATH ROAD, STE 100
BALTIMORE MD 21227

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

52-0915551

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME KANE, JOHN M
STREET ADDRESS 10032 AVENEL FARM DRIVE
CITY-ST-ZIP POTOMAC MD

TITLE V ☐ DELETE

NAME DURFEE, JAMES
STREET ADDRESS 302 COLESVILLE MANOR DR
CITY-ST-ZIP SILVER SPRING MD

TITLE VTD ☐ DELETE

NAME CAVANAUGH, MARK
STREET ADDRESS 13 CEDARVALE COURT
CITY-ST-ZIP COCKEYSVILLE MD

TITLE VS ☐ DELETE

NAME HILB, BARBARA
STREET ADDRESS 6189 LANDING DRIVE
CITY-ST-ZIP ELDERSBURG MD

TITLE V ☐ DELETE

NAME AUCHTER, WILLIAM
STREET ADDRESS 5303 42ND AVENUE
CITY-ST-ZIP HYATTSVILLE MD

TITLE V ☐ DELETE

NAME MUNN, ROGER
STREET ADDRESS 17118 BIG FALLS RD
CITY-ST-ZIP MONKTON MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***150.00

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.

SIGNATURE

H. H. C...

H. H. C...

3/25/98

799 5200

CR2E034 (10/97)