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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F970000000612

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/05/1997	
21		26		4. FEI Number 52-0915551	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	21075	25			
		29	21075		
		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
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	1.1 TITLE	
NAME	KANE, JOHN M	1.2 NAME	
STREET ADDRESS	10032 AVENEL FARM DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	DURFEE, JAMES	2.2 NAME	
STREET ADDRESS	302 COLESVILLE MANOR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	VICE PRESIDENT/DIRECTOR
NAME	CAVANAUGH, MARK	3.2 NAME	
STREET ADDRESS	13 CEDARVALE COURT	3.3 STREET ADDRESS	1811 Blakefield Circle
CITY-ST-ZIP	COCKEYSVILLE MD	3.4 CITY-ST-ZIP	Wetherville, MD 21093
TITLE	VS	4.1 TITLE	
NAME	HILB, BARBARA	4.2 NAME	
STREET ADDRESS	6189 LANDING DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELDERSBURG MD	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	AUCHTER, WILLIAM	5.2 NAME	
STREET ADDRESS	5303 42ND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HYATTSVILLE MD	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	MUNN, ROGER	6.2 NAME	
STREET ADDRESS	17118 BIG FALLS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONKTON MD	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)