

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90004 026 ***150.00

DOCUMENT # F97000001397

1. Entity Name
ROLYN CONSTRUCTION CORPORATION

Principal Place of Business 11609 NEBEL ST ROCKVILLE MD 20852	Mailing Address 11609 NEBEL ST ROCKVILLE MD 20852-1828
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2. Principal Place of Business 12312 WILKINS AVE Suite, Apt. #, etc.	3. Mailing Address 12312 WILKINS AVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ROCKVILLE MD	City & State ROCKVILLE MD	4. FEI Number 52-1247718	Applied For Not Applicable
Zip 20852-1828	Country USA	Zip 20852-1828	Country USA

6. Name and Address of Current Registered Agent BERGMAN, GERTRUDE 3000 NW 42ND AVE #B203 COCONUT CREEK FL 33066	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERGMAN, RONALD 11609 NEBEL ST ROCKVILLE MD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12312 WILKINS AVE 20852-1828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERGMAN, SAMUEL J 11609 NEBEL ST ROCKVILLE MD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12312 WILKINS AVE 20852-1828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERGMAN, LYNNE S 11609 NEBEL ST ROCKVILLE MD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12312 WILKINS AVE 20852-1828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERGMAN, AMANDA G 11609 NEBEL ST ROCKVILLE MD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12312 WILKINS AVE 20852-1828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: AMANDA G. BERGMAN TREAS 1-26-00 301-468-1553
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)