


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000001437**

1. Entity Name  
**MORI SPC CORP.**



Principal Place of Business  
**10400 FERNWOOD RD, DEPT 52.924.13  
BETHESDA, MD 20817**

Mailing Address  
**10400 FERNWOOD RD, DEPT 52.924.13  
BETHESDA, MD 20817**

**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**52-2022396**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISZ, STEPHEN P 10400 FERNWOOD RD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INGALLS, DOROTHY M 10400 FERNWOOD RD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PULSE, M L JR 10400 FERNWOOD RD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KIMBALL, KEVIN M 10400 FERNWOOD RD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, JOHN JOSEPH 10400 FERNWOOD RD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENZ, NANCY L 10400 FERNWOOD RD BETHESDA, MD 20817

**DO NOT WRITE IN THIS SPACE**

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11/28/04-80070-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Nancy L Benz **04-23-04 301-380-8742**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #