

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000003136 (5)

1. Corporation Name

DWT ATRIUM, INC.

Principal Place of Business

210 W. PENNSYLVANIA AVE., #610
TOWSON MD 21204

Mailing Address

210 W. PENNSYLVANIA AVE., #610
TOWSON MD 21204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

52-1991237

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME TOWNSEND, DENNIS W
STREET ADDRESS 210 W. PENNSYLVANIA AVE., #610
CITY-ST-ZIP TOWSON MD 21204

TITLE VS ☐ DELETE

NAME WARANCH, JUDITH S
STREET ADDRESS 210 W. PENNSYLVANIA AVE., #610
CITY-ST-ZIP TOWSON MD 21204

TITLE VT ☒ DELETE

NAME TOWNSEND, DAVID B
STREET ADDRESS 210 W. PENNSYLVANIA AVE., #610
CITY-ST-ZIP TOWSON MD 21204

TITLE VS ☐ DELETE

NAME BERENS, JAMES R
STREET ADDRESS 210 W. PENNSYLVANIA AVE., #610
CITY-ST-ZIP TOWSON MD 21204

TITLE VS ☐ DELETE

NAME BUCHANAN, PAUL
STREET ADDRESS 210 W. PENNSYLVANIA AVE., #610
CITY-ST-ZIP TOWSON MD 21204

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

SUITE 700

☒ Change ☐ Addition

SUITE 700

☐ Change ☐ Addition

☒ Change ☐ Addition

SUITE 700

☒ Change ☐ Addition

SUITE 700

☐ Change ☒ Addition

Vice President
Cramer, Daniel C
210 W. Pennsylvania Ave ste 700
Towson, MD 21204

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

[Signature]

7/2/98 (401321-1900)

CR2E034 (5/98)