

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90371 002 ***150.00

DOCUMENT # F98000001550
 1. Entity Name
RAYMAR CORPORATION OF D.C.

Principal Place of Business Mailing Address
3611 CARDIFF ROAD **3611 CARDIFF ROAD**
CHEVY CHASE MD 20815-5945 **CHEVY CHASE MD 20815-5945**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **52-0807591** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BONE, SHEILA S
2701 CAMBRIDGE RD
LANTANA FL 33462

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	ANSELMO, RAYMOND J	
STREET ADDRESS	10 PINE REACH	
CITY-ST-ZIP	HENLOPEN ACRES DE	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCORMICK, INEZ M	
STREET ADDRESS	5450 WHITLEY PARK TERR, #805	
CITY-ST-ZIP	BETHESDA MD	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ANSELMO, MARIE L	
STREET ADDRESS	10 PINE REACH	
CITY-ST-ZIP	HENLOPEN ACRES DE	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANSELMO, RITA M	
STREET ADDRESS	23101 SLIDELL RD	
CITY-ST-ZIP	BOYDS MD 20841	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUSTUS, HELEN M	
STREET ADDRESS	18708 ROLLING ACRES WAY	
CITY-ST-ZIP	OLNEY MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DORIS A	
STREET ADDRESS	3611 CARDILL RD	
CITY-ST-ZIP	CHEVY CHASE MD 20815	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5425 Alta Vista Rd
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Raymar Corporation* Date **1-7-02** Daytime Phone # **301-656-5141**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FAX **301-718-1022**

CR2E034 (9/01)