


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90173 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000004716			
1. Corporation Name SPRINGHILL SMC CORPORATION			
Principal Place of Business 10400 FERNWOOD ROAD DEPT. 52.924.13 BETHESDA MD 20817		Mailing Address 10400 FERNWOOD ROAD DEPT. 52.924.13 BETHESDA MD 20817	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 08/18/1998		4. FEI Number 52-2114923	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	CLIST, TODD		
STREET ADDRESS	10400 FERNWOOD ROAD		
CITY-ST-ZIP	BETHESDA MD 20817		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	MANN, W. DAVID		
STREET ADDRESS	10400 FERNWOOD ROAD		
CITY-ST-ZIP	BETHESDA MD 20817		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	KIMBALL, KEVIN M		
STREET ADDRESS	10400 FERNWOOD ROAD		
CITY-ST-ZIP	BETHESDA MD 20817		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	WALKER, MYRON D		
STREET ADDRESS	10400 FERNWOOD ROAD		
CITY-ST-ZIP	BETHESDA MD 20817		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	TIEFEL, WILLIAM R		
STREET ADDRESS	10400 FERNWOOD ROAD		
CITY-ST-ZIP	BETHESDA MD 20817		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	MURPHY, RAYMOND G		
STREET ADDRESS	10400 FERNWOOD ROAD		
CITY-ST-ZIP	BETHESDA MD 20817		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	Nancy L. Benz		
1.3 STREET ADDRESS	10400 Fernwood Road		
1.4 CITY-ST-ZIP	Bethesda, MD 20817		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
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)