

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90190 020 \*\*\*150.00

40023331



01112005 Chg-P CR2E034 (10/03)

4. FEI Number  
**52-2119404**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

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

## 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. 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, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME PRUGH, JOHN M  
STREET ADDRESS 300 EAST LOMBARD ST, STE 1200  
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE VD ☐ Delete  
NAME BANCROFT, PETER E  
STREET ADDRESS 300 EAST LOMBARD ST, STE 1200  
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE VSD ☒ Delete  
NAME HALL, TERRY F  
STREET ADDRESS 300 EAST LOMBARD ST, STE 1200  
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE T ☐ Delete  
NAME GISRIEL, TIMOTHY M  
STREET ADDRESS 300 EAST LOMBARD ST, STE 1200  
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME TD  
STREET ADDRESS Gisriel, Timothy M.  
CITY-ST-ZIP 300 East Lombard St, Suite 1200  
BALTIMORE, MD 21202

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS Russell, Kathleen F  
CITY-ST-ZIP 300 East Lombard St, Suite 1200  
BALTIMORE, MD 21202

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy M Gisriel 2/28/05 410-727-4083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Treasurer