

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-28-2005 90190 023 ***150.00

40023928



01112005 Chg-P CR2E034 (10/03)

4. FEI Number **52-2111353** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

CT 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 _____ (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	<input type="checkbox"/> Delete
NAME	PRUGH, JOHN M	
STREET ADDRESS	300 EAST LOMBARD STREET, STE. 1200	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BANCROFT, PETER E	
STREET ADDRESS	300 EAST LOMBARD STREET, STE. 1200	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	HALL, TERRY F	
STREET ADDRESS	300 EAST LOMBARD STREET, STE. 1200	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	T	<input type="checkbox"/> Delete
NAME	GISRIEL, TIMOTHY M	
STREET ADDRESS	300 EAST LOMBARD STREET, STE. 1200	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISRIEL, Timothy M	
STREET ADDRESS	300 East Lombard Street, Suite 1200	
CITY-ST-ZIP	Baltimore, MD 21202	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russell, Kathleen F	
STREET ADDRESS	300 East Lombard Street, Suite 1200	
CITY-ST-ZIP	Baltimore, MD 21202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 2/22/05 410-727-4083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #