


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2006 8:00 am**  
**Secretary of State**

06-13-2006 90001 023 \*\*\*150.00

<b>DOCUMENT # F99000002426</b>		
1. Entity Name 3S/REALSERV, INC.		

Principal Place of Business 5700 EXECUTIVE DRIVE BALTIMORE, MD 21228	Mailing Address 5700 EXECUTIVE DRIVE BALTIMORE, MD 21228
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**50021378**



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

06022006 Chg-P CR2E034 (11/05)

4. FEI Number 52-2130667	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GUNTARP, PAUL 185 CYPRESS POINT PARKWAY, SUITE 6 PALM COAST, FL 32164	
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7. Name and Address of New Registered Agent	
Name NRAI Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive	
Suite 4	
City Weston	FL Zip Code 33331

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  ANTHONY J. ALEXANDER ASST. SECRETARY OF NRAI SERVICES, INC. 6/7/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP STEELE, MENETA E 4008 MCDOWELL LANE BALTIMORE, MD 21227 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kathleen McTeague 5700 Executive Drive Baltimore, MD 21228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GOLDFADEN, SHAWN A 5700 EXECUTIVE DRIVE BALTIMORE, MD 21228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MEISLER, MARC A 5700 EXECUTIVE DRIVE BALTIMORE, MD 21228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Kathleen McTeague 6-2-2006 410-719-2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
50021378  
**PREMIER CORPORATE SERVICES, INC.**

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200 West Adams Street, Suite 2007  
Chicago, IL 60606  
(312) 346-3606 (800) 934-2556  
Fax: (312) 346-3607

June 7, 2006

*VIA REGULAR MAIL*

Attn: Annual Reports  
Division Of Corporations  
Florida Department Of State  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: 3S/Realserv, Inc.**  
Document # F99000002426

Dear Sir or Madam:


Enclosed please find one original and one photocopy of the annual report form, along with our client's \$150 check for the required fee.

Please file with your office and return the file stamped photocopy as evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,



Tony Alexander

TA/smc.  
Encl.