## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N06000012173

1. Entity Name



**FILED** 

May 24, 2007 8:00 am Secretary of State 05-24-2007 90004 039 \*\*\*150.00

TITLE NAME STOHLMAN, MARIANNE D SHEET ADDRESS CITY-ST-ZIP NAME STOHLMAN, BARBARA A SIREET ADDRESS CITY-ST-ZIP BETHESDA, MD 20817 STREET ADDRESS CITY-ST-ZIP CITY-S		D AND MARIANNE STOHL TION, INC.							
Sulte, Apl. #. etc.  Sulte, Apl. #. etc.  Sulte, Apl. #. etc.  Sulte, Apl. #. etc.  City & State  Ci	4151 GULF S APT 1402	SHORE BLVD NORTH	4151 GULF SHORE BL' APT 1402	4151 GULF SHORE BLVD NORTH APT 1402			il    <b>  </b>	III II I 1888	
City & State  Ci	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Zip Country Zip Country S. Certificate of Status Desired Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent Status Desired Agent Agent spatial Agent Status Desired Agent spatial Agent Status Desired Agent spatial Agent Status Desired Agent spatial Agent Status Desired Agent spatial Agent Status Desired Ag	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		-NP CR2E037	7 (12/06)		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The Address of New Registered Agent  9. Date	City & Stat	е	City & State		4. FEI Number 808 0736				
STOHLMAN, MARIANNE D 4151 GULF SHORE BLVD NORTH APT 1402  NAPLES, FL 34102  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  DATE  Filling Fee in S61.25  Due by May 1, 2007  Filling Fee in S61.25  Due by May 1, 2007  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS 101  TITLE  MAKE STOHLMAN, MARIANNE D  STOHLMAN, MARIANNE D  STOHLMAN, MARIANNE D  STOHLMAN, MARIANNE D  STOHLMAN, RICHARD H JR  MAYE STOHLMAN, BARBARA A  SIRE! ADDRESS  SIRE! ADDRESS  SIRE! ADDRESS  SIRE! ADDRESS  CITY-S1-2P  BETHESDA, MD 20815  CITY-S1-2P  MAYE MAYE MAYE MAYE MAYE MAYE MAYE MAY	Zip	Country	Zip	Country		s Desired			
STOHLMAN, MARIANNE D 4151 GULP SHORE BLVD NORTH APT 1402  NAPLES, FL 34102  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature  Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TIME NAME STOHLMAN, MARIANNE D  TIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TIME D  NAME STOHLMAN, MARIANNE D  TIME NAME STOHLMAN, RICHARD H J R  SIREL ADDRESS  SIREL ADRESS  SIREL ADRESS  SIREL A		6. Name and Address of Current	t Registered Agent		7. Name and Addres	ss of New Registered A	gent		
### April 1402  NAPLES, FL 34102  Street Address (P.O. Box Number is Not Acceptable)  FL Zio Code  City  FL Zio Code  1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent.  Signature, typed or correct negatives agent.  Signature, typed or correct negatives agent.  Signature, typed or correct negatives agent.  FHing Fee is \$61.25  Due by May 1, 2007  B. Election Campaign Financing Trust Fluor Contribution.  Applicity Fluor State of Florida Department of State  Florida Depar	STOHLMA	N MARIANNE D		Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature to provide the entity of the purpose of changing its registered of the or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.    Signature to provide the entity of the purpose of changing its registered of the or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of the obligation of the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of the obligation of the obligation of the obligation of the state of registered agent, or both, in the State of Florida Cepation.    Interpretation of the purpose of changing its registered agent, or both, in the State of Florida Cepation.	4151 GUL	F SHORE BLVD NORTH		Street Address	Street Accress (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or prefedence of registered Agent and the if applicable.   (NOTE: Registred Agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	NAPLES, I	FL 34102							
SIGNATURE    Signature   Speed or proceed name of impaired apport and title if apportable.   (NOTE: Registered Apent signature resulted when remembers)   DATE					\- <u>-</u>		1 '		
Signature, hood or prefedence of registered agent and title if applicable. (NOTE Registered Agent signature resulted when recenting)   DATE	8. The above the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered office or regist	tered agent, or both, in the	e State of Florida. I am fa	miliar with,	and accept	
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NAME STOFLMAN, MARIANNE D 4151 GULF SHORE BLVD NORTH - APT 1402 CITY-ST-2IP NAPLES, FL 34102  TITLE NAME STOHLMAN, RICHARD H JR STOHLMAN, RICHARD H JR STOHLMAN, RICHARD H JR STREET ADDRESS CITY-ST-2IP BROOKLYN, NY 11226  TITLE D Delete STOHLMAN, BARBARA A STREET ADDRESS CITY-ST-2IP BETHESDA, MD 20817  TITLE D Delete WIEGAND, MARGARET S STREET ADDRESS CITY-ST-2IP TITLE D Delete NAME STREET ADDRESS CITY-ST-2IP TITLE D Delete WIEGAND, MARGARET S STREET ADDRESS CITY-ST-2IP TITLE D Delete WIEGAND, MARGARET S STREET ADDRESS CITY-ST-2IP TITLE D CITY-ST-2IP TITLE NAME SIREET ADDRESS STREET AD		Filing Fee is \$61.25	9. Election Car	mpaign Financing	\$5.00 May Be	Make check			
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI  STOHLMAN, MARIANNE D 4151 GULF SHORE BLVD NOR NAPLES, FL 34102  D STOHLMAN, RICHARD H JR 456 MARLBOROUGH RD BROOKLYN, NY 11226  D STOHLMAN, BARBARA A 6000 CONWAY RD BETHESDA, MD 20817  D WIEGAND, MARGARET S 4104 DRESDEN ST KENSINGTON, MD 20895  D RUSNAK, CATHERINE S 5317 ALBEMARLE RD	9. Election Car Trust Fund C IRECTORS  Delete  TH - APT 1402  Delete  Delete  Delete	TOPAIGN Financing Contribution.  11.  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES  RESIDENT  CHANGE  AME)  ECVETANI  CHANGE  SAME)  BASUREN,  LICENSIA	Make check Florida Departr TO OFFICERS AND DIRI TO 1	Change  Change  Change  Change	Addition  Addition  Addition	

I nereby 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Prione #	SIGNATURE:		BARBARA A.	STOHLMAN "	3.20.07	301 53062	DΞ
	***	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	G OFFICER OR DIRECTOR	Date		Daytime Phone #	_

5/18

# NO 60000173

This inadicentarity did not get mailed. Enclosed is \$150 - to cover the late processing fee.

Please call me if you have any grestions.

Succeely, Barbara Stohlman

Phone- 301-530-6205