

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90495 004 \*\*\*150.00

**DOCUMENT # P00000093490**

1. Entity Name  
CA ONE, INC.



Principal Place of Business  
1201 WINTERSON ROAD  
LINTHICUM, MD 21090

Mailing Address  
1201 WINTERSON ROAD  
LINTHICUM, MD 21090

**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
20-1157689

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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	DP
NAME	SMITH, GARY B CEO
STREET ADDRESS	1201 WINTERSON ROAD
CITY- ST- ZIP	LINTHICUM, MD 21090
TITLE	DV
NAME	CHINNICI, JOSEPH R CFO SR
STREET ADDRESS	1201 WINTERSON ROAD
CITY- ST- ZIP	LINTHICUM, MD 21090
TITLE	DVS
NAME	STEVENSON, RUSSELL B
STREET ADDRESS	1201 WINTERSON ROAD
CITY- ST- ZIP	LINTHICUM, MD 21090
TITLE	VT
NAME	PETRIK, ANDREW C
STREET ADDRESS	1201 WINTERSON ROAD
CITY- ST- ZIP	LINTHICUM, MD 21090
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

410-694-5972

Daytime Phone #