

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-02-2005 90495 003 ***150.00

DOCUMENT # P00000093495

1. Entity Name
CA TWO, 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
20-1157653

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 DCFO
NAME CHINNICI, JOSEPH R 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

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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 #