

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90003 038 ***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

40037000



05122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
SMITH, GARY B CEO
1201 WINTERSON ROAD
LINTHICUM, MD 21090

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DCFO
CHINNICI, JOSEPH R SR
1201 WINTERSON ROAD
LINTHICUM, MD 21090

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVS
STEVENSON, RUSSELL B
1201 WINTERSON ROAD
LINTHICUM, MD 21090

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VT
PETRIK, ANDREW C
1201 WINTERSON ROAD
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW C. PETRIK

5.31.06

Date

410-694-3972

Daytime Phone #