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FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01398

(7)

1. Corporation Name  
GREENHORNE & O'MARA, INC.

Principal Place of Business  
9001 EDMONSTON ROAD  
GREENBELT MD 20770

Mailing Address  
9001 EDMONSTON ROAD  
GREENBELT MD 20770

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1984

4. FEI Number

52-0818093

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME O' MARA, A. JAMES  
STREET ADDRESS 9001 EDMONSTON ROAD  
CITY-ST-ZIP GREENBELT MD

TITLE ST  
NAME SCHOCKE, ROBERT P.  
STREET ADDRESS 9001 EDMONSTON ROAD  
CITY-ST-ZIP GREENBELT MD

TITLE PD  
NAME COURTNEY, LAURENCE S  
STREET ADDRESS 9001 EDMONSTON ROAD  
CITY-ST-ZIP GREENBELT MD

TITLE VD  
NAME SMITH, BRANDON R  
STREET ADDRESS 9001 EDMONSTON RD  
CITY-ST-ZIP GREENBELT MD

TITLE VD  
NAME CHICCA, THOMAS M  
STREET ADDRESS 9001 EDMONSTON ROAD  
CITY-ST-ZIP GREENBELT MD

TITLE VD  
NAME YODER, BRUCE T  
STREET ADDRESS 701 NORTH POINT PKWY STE 100  
CITY-ST-ZIP W PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD  
1.2 NAME COTE, DONALD R.  
1.3 STREET ADDRESS 9001 Edmonston Road  
1.4 CITY-ST-ZIP Greenbelt, MD 20770

2.1 TITLE VD  
2.2 NAME HEALEY, JOHN J.  
2.3 STREET ADDRESS 9001 Edmonston Road  
2.4 CITY-ST-ZIP Greenbelt, MD 20770

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Robert P. Schocke

301/982-2800

CR2E034 (10/97)