

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01398

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O' MARA, A. JAMES		1.2 NAME	Gerald S. Levitt	
STREET ADDRESS	9001 EDMONSTON ROAD		1.3 STREET ADDRESS	9001 Edmonston Road	
CITY-ST-ZIP	GREENBELT MD		1.4 CITY-ST-ZIP	Greenbelt, MD 20770	
TITLE	CO	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O' MARA, A. JAMES		2.2 NAME	Richard S. Bedell	
STREET ADDRESS	9001 EDMONSTON ROAD		2.3 STREET ADDRESS	9001 Edmonston Road	
CITY-ST-ZIP	GREENBELT MD		2.4 CITY-ST-ZIP	Greenbelt, MD 20770	
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURTNEY, LAURENCE S		3.2 NAME		
STREET ADDRESS	9001 EDMONSTON ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENBELT MD		3.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BRANDON R		4.2 NAME		
STREET ADDRESS	9001 EDMONSTON RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENBELT MD		4.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHICCA, THOMAS M		5.2 NAME		
STREET ADDRESS	9001 EDMONSTON ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENBELT MD		5.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YODER, BRUCE T		6.2 NAME		
STREET ADDRESS	701 NORTH POINT PKWY STE 100		6.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Laurence S. Courtney, President

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90014 019 ***150.00

03-12-1999 90014 020 *****8.75

054738

CR2E034 (11/98)



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



\$5.00 May Be

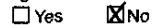
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.



Yes



No

10. Name and Address of New Registered Agent

225949-90014-10
P01398

Florida Department of State
Profit Corporation Annual Report 1998

Document # P01398 Greenhorne & O'Mara, Inc.

#12. ADDITIONS

Title VD
Name Donald R. Cote
Address 9001 Edmonston Road
Greenbelt, MD 20770

Title VD

Name John J. Healey
Address 9001 Edmonston Road
Greenbelt, MD 20770

#13. DELETION

Title ST
Name Robert P. Schocke
Address 9001 Edmonston Road
Greenbelt, MD 20770