

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P01398 1. Entity Name GREENHORNE & O'MARA, INC.	
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Principal Place of Business 6110 FROST PLACE LAUREL, MD 20707	Mailing Address 6110 FROST PLACE LAUREL, MD 20707
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01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-0818093	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

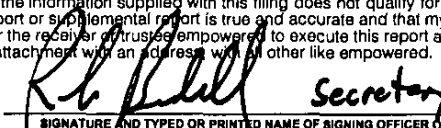
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HEALEY, JOHN J 6110 FROST PL LAUREL, MD 20707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVITT, GERALD S 6110 FROST PL LAUREL, MD 20707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEDELL, RICHARD S 6110 FROST PL LAUREL, MD 20707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, JOHN 3223 COMMERCE PLACE, SUITE 100 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000788393
01/22/08 80007-023-158-75

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 an other like empowered.

SIGNATURE:  **Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #