

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01476** (1)

1. Corporation Name
C.R.H.C., INCORPORATED

Principal Place of Business

**11200 ROCKVILLE PIKE, SUITE #500
ROCKVILLE MD 20852**

Mailing Address

**11200 ROCKVILLE PIKE, SUITE #500
ROCKVILLE MD 20852**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1984

3a. Date of Last Report

05/01/1994

2. Principal Place of Incorporation

21

2a. Mailing Address

26

4. FLE Number

52-101122

Applied For

Not Applicable

22. State Apt # etc.

22

27. State Apt # etc.

27

5. Certificate of Status Delated

☐

\$8.75 Additional

Fee Required

23. City & State

23

28. City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24

25

29

30

8. Does Corporation have liability to its shareholders under the Florida Statutes?

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 Applicable)

83

84. City

FL

85

Zip Code

11. I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation, and that the same are true and correct to the best of my knowledge and belief.

Signature

12. OFFICERS AND DIRECTORS

NAME

**CDT
DOCKSER, WILLIAM B.
11200 ROCKVILLE PIKE
ROCKVILLE MD**

ADDRESS

NAME

**PD
WILLOUGHLEY, WILLIAM H.
11200 ROCKVILLE PIKE
ROCKVILLE MD**

ADDRESS

NAME

**VSD
WILLOUGHBY, H. WILLIAM
11200 ROCKVILLE PIKE
ROCKVILLE MD**

ADDRESS

NAME

**V
LIEBERMAN, ARTHUR J.
11200 ROCKVILLE PIKE
ROCKVILLE MD**

ADDRESS

NAME

**AS
JACKSON, ELIJAH L.
11200 ROCKVILLE PIKE
ROCKVILLE MD**

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIJAH L. JACKSON, 4/28/95 (301)468-9200