2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # P01476 1. Entity Name C.R.H.C., INCORPORATED Principal Place of Business Mailing Address 11200 ROCKVILLE PIKE, SUITE #500 11200 ROCKVILLE PIKE, SUITE #500 ROCKVILLE, MD 20852 ROCKVILLE, MD 20852 No Chg-P 03312005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-1011122 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DRIVE SUITE 4 IN THIS SPACE WESTON, FL 33331 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. CDT TITLE NAME DOCKSER, WILLIAM B. 11200 ROCKVILLE PIKE, 5TH FL. STREET ADDRESS CITY-ST-ZIP ROCKVILLE, MD 20852 --U00000297591 TITLE 04/11/05-80035-008 150.00 WILLOUGHBY, H. WILLIAM NAME STREET ADDRESS 11200 ROCKVILLE PIKE, 5TH FL. CITY-ST-ZIP ROCKVILLE, MD 20852 VPT TITLE NAME LEE, JR., RANDOLPH E STREET ADDRESS 11200 ROCKVILLE PIKE, 5TH FL. DO NOT WRITE CITY-ST-ZIP ROCKVILLE, MD 20852 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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, Fiorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Randolph E. Lee, Jr.

04/01/05

301-468-9200