

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3: 19

DOCUMENT # **P02258** (2)

1. Corporation Name
LOSS MANAGEMENT SERVICES, INCORPORATED

Principal Place of Business Mailing Address
411 AVIATION WAY FREDERICK MD 21701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/04/1984** 3a. Date of Last Report **01/27/1994**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

4. FEI Number **52-1349802** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**MCDONALD, DAVID MR.
MCDONALD & MCDONALD
1393 SW FIRST ST.
MIAMI FL 33135**

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 the if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BALLARD, JOHN H.**
STREET ADDRESS **411 AVIATION WAY**
CITY-ST-ZIP **FREDERICK MD**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **CD**
NAME **CONDON, WILLIAM P.**
STREET ADDRESS **411 AVIATION WAY**
CITY-ST-ZIP **FREDERICK MD**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD**
NAME **YUSKA, JOHN R.**
STREET ADDRESS **411 AVIATION WAY**
CITY-ST-ZIP **FREDERICK MD**

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

TITLE **V**
NAME **BOESCHEN, RICHARD**
STREET ADDRESS **411 AVIATION WAY**
CITY-ST-ZIP **FREDERICK MD**

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

TITLE **S**
NAME **CHERO, THOMAS H.**
STREET ADDRESS **411 AVIATION WAY**
CITY-ST-ZIP **FREDERICK MD**

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

TITLE **V**
NAME **Pike, Gregg A.**
STREET ADDRESS **411 Aviation Way**
CITY-ST-ZIP **Fredrick, MD**

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *R. A. Pike*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-95

201-694-4369

14m

14m (Phone #)