

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P02258**
1. Corporation Name
LOSS MANAGEMENT SERVICES, INCORPORATED

Principal Place of Business Mailing Address
411 Aviation Way Frederick, MD 21701 **411 Aviation Way Frederick, MD 21701**

3. Date Incorporated or Qualified **6/4/1984** 3a. Date of Last Report **1/17/95**
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. 199.03?, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MCDONALD, DAVID MR.
MCDONALD & MCDONALD
1393 SW FIRST ST.
MIAMI, FL 33135**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent's signature required when re-appointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, JOHN H.	1.2 NAME	
STREET ADDRESS	411 AVIATION WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK, MD	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDON, WILLIAM P.	2.2 NAME	
STREET ADDRESS	411 AVIATION WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK, MD	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUSKA, JOHN R.	3.2 NAME	
STREET ADDRESS	411 AVIATION WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK, MD	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOESCHEN, RICHARD	4.2 NAME	
STREET ADDRESS	411 AVIATION WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK, MD	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERO, THOMAS H.	5.2 NAME	
STREET ADDRESS	411 AVIATION WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK, MD	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIKE, GREGG A.	6.2 NAME	
STREET ADDRESS	411 AVIATION WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK, MD	6.4 CITY-ST-ZIP	

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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 119.07(3)(k), 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: _____ **Gregg A. Pike V.P.** Date: **3-25-96** Daytime Phone #: **301-644-4369**

CR2E034 (12/95)