

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02258 (2)
 1. Corporation Name
LOSS MANAGEMENT SERVICES, INCORPORATED

Principal Place of Business 411 AVIATION WAY FREDERICK MD 21701	Mailing Address 411 AVIATION WAY FREDERICK MD 21701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/04/1984	
21		26		4. FEI Number 52-1349802	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCDONALD, DAVID MCDONALD & MCDONALD 1393 SW FIRST ST. MIAMI FL 33135				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" 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 21701	1.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHETTLE, JOHN F JR.	2.2 NAME	
STREET ADDRESS	411 AVIATION WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK MD 21701	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" 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 21701	3.4 CITY-ST-ZIP	
TITLE	VP <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 21701	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIKE, GREGG	5.2 NAME	PIKE, Gregg
STREET ADDRESS	411 AVIATION WAY	5.3 STREET ADDRESS	411 Aviation Way
CITY-ST-ZIP	FREDERICK MD 21701	5.4 CITY-ST-ZIP	FREDERICK, MD 21701
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERO, THOMAS	6.2 NAME	
STREET ADDRESS	411 AVIATION WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK MD 21701	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE REGISTERED: P. Ke 1-898 301-644-4369

CR2E034 (10/97)