FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04626** **(8)**

1. Corporation Name

INTERLOCK STEELWORKERS INCORPORATED

Principal Place of Business	Mailing Address
4801 WASHINGTON BLVD. P.O. BOX 24187 BALTIMORE MD 21227-4429	4801 WASHINGTON BLVD. P.O. BOX 24187 BALTIMORE MD 21227-4429

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/11/1985
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 52-1358803 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SEARCY, HERMAN MR.
351 6TH AVE W
BRADENTON FL 34205

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BLESSING, DAVID L.	1.2 NAME		
STREET ADDRESS	7821 KAWSHEK PATH	1.3 STREET ADDRESS		
CITY-ST-ZIP	HANOVER MD	1.4 CITY-ST-ZIP		
TITLE	VDT	2.1 TITLE		☐ Change ☐ Addition
NAME	THOMSON, JAMES	2.2 NAME		
STREET ADDRESS	9342 CANTERBURY RIDING	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUREL MD	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	LEASE, PATRICE S	3.2 NAME		
STREET ADDRESS	6070 CLAIRE DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD	3.4 CITY-ST-ZIP		
TITLE	CD	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITEHAIR, GARY M.	4.2 NAME		
STREET ADDRESS	4614 ROUNDHILL RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ELLICOTT CITY MD	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	JADWIN, THOMAS E.	5.2 NAME		
STREET ADDRESS	9140 E. LAKE HIGHLANDS	5.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	POOL, CHRISTOPHER F.	6.2 NAME		
STREET ADDRESS	10168 BUSTELTON AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA	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 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: Catherine S. Leary, Corp Sec. 4/13/95 410-242-4344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0907451 FP