

**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

5-195 3-5833

**APPROVED  
AND  
FILED**

95 MAY -1 PM 9: 34

DOCUMENT # **P04809** (0)

1. Corporation Name  
**AAJ CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**107 INDUSTRY LANE 119/921  
POST OFFICE BOX 8006  
COCKEYSVILLE MD 21030-8006**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/28/1985** 3a. Date of Last Report **05/23/1994**

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

4. FEI Number **52-0583724** 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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERKENEFF, R. R.</b>	1.2 NAME	
STREET ADDRESS	<b>100 INDUSTRY LANE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCKEYSVILLE MD</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAUD, P. J</b>	2.2 NAME	
STREET ADDRESS	<b>190 INDUSTRY LANE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCKEYSVILLE MD</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOCH, HOWARD M.</b>	3.2 NAME	
STREET ADDRESS	<b>100 INDUSTRY LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCKEYSVILLE MS</b>	3.4 CITY - ST - ZIP	
TITLE	<b>AT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALOOLY, T.A.</b>	4.2 NAME	
STREET ADDRESS	<b>107 INDUSTRY LANE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HUNT VALLEY MD</b>	4.4 CITY - ST - ZIP	
TITLE	<del>V</del>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WENSEL, H. STRUVE</del>	5.2 NAME	<b>V.P., Gen Counsel, &amp; Secretary</b>
STREET ADDRESS	<del>5020 OVERLOOK RD, N.W.</del>	5.3 STREET ADDRESS	<b>Wurthing, R.W.</b>
CITY - ST - ZIP	<del>WASHINGTON, DC.</del>	5.4 CITY - ST - ZIP	<b>100 Industry Lane</b>
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEIN, BERNARD</b>	6.2 NAME	
STREET ADDRESS	<b>80 GORDON ROAD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SCARSDALE NY</b>	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)(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: T.A. Malooly 4/25/94 (410) 628-3732  
T.A. Malooly, Asst. Treasurer 7790