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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P04977** **(5)**

1. Corporation Name
MANAGED ACCESS RISK CORPORATION

Principal Place of Business	Mailing Address
7301 NO 16 STR STE 203 PHOENIX AZ 85020 US	7301 NO 16 STR STE 203 PHOENIX AZ 85020 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/11/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 5074 Dorsey Hall Dr.
22 Suite 205
23 Ellicott City, MD
24 Zip 21042
25 Country US

2a. Mailing Address
26
27
28
29 Zip
30 Country

4. FEI Number: 62-1176288 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	~~T~~	11 TITLE	VT ☒ Change ☐ Addition
NAME	~~FITZGERALD, DEBRA~~	12 NAME	Darrell Barker
STREET ADDRESS	~~7301 NO 16 STR #203~~	13 STREET ADDRESS	916 Capital of Texas Hwy S
CITY-ST-ZIP	~~PHOENIX AZ~~	14 CITY-ST-ZIP	Austin TX 78746
TITLE	VPS	21 TITLE	S ☒ Change ☐ Addition
NAME	SARA, WENDY	22 NAME	Wendy Sara
STREET ADDRESS	7301 N. 16TH STREET, SUITE #203	23 STREET ADDRESS	7301 N. 16th Street, #201
CITY-ST-ZIP	PHOENIX AZ	24 CITY-ST-ZIP	Phoenix AZ 85020
TITLE	~~DP~~	31 TITLE	DP ☒ Change ☐ Addition
NAME	~~BOGLE, NANCY T.~~	32 NAME	G. Michael Bogle
STREET ADDRESS	~~7301 N 16TH ST.~~	33 STREET ADDRESS	5074 Dorsey Hall Dr.
CITY-ST-ZIP	~~PHOENIX AZ~~	34 CITY-ST-ZIP	Ellicott City MD 21042
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	George E. Bogle
STREET ADDRESS		53 STREET ADDRESS	7301 N. 16th Street, #201
CITY-ST-ZIP		54 CITY-ST-ZIP	Phoenix AZ 85020
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Wendy Sara Wendy Sara, Secretary 1/31/95 602/371-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481307 FP