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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

FILED
Feb 16 1996 8:00 am
Secretary of State

DOCUMENT # **P07550** **(7)**

1. Corporation Name
**BURTON-CAMPBELL, INC.**

Principal Place of Business
6935 ARLINGTON ROAD
BETHESDA MD 20814

Mailing Address
6935 ARLINGTON ROAD
BETHESDA MD 20814

3. Date Incorporated or Qualified: 09/26/1985
3a. Date of Last Report: 02/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 58-0946838 — 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
WELLS, MAGGIE
260 FIRST AVENUE SOUTH, SUITE 300
ST. PETERSBURG FL 33701

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

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE CD<br>NAME BROWN, JEREMY E.<br>STREET ADDRESS 6935 ARLINGTON ROAD<br>CITY-ST-ZIP BETHESDA MD | ☐ DELETE | |
| TITLE T<br>NAME BROWN, SALLY M.<br>STREET ADDRESS 6935 ARLINGTON ROAD<br>CITY-ST-ZIP BETHESDA MD | ☒ DELETE | |
| TITLE S<br>NAME SMOAK, LOUISE<br>STREET ADDRESS 6935 ARLINGTON ROAD<br>CITY-ST-ZIP BETHESDA MD | ☒ DELETE | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 11 TITLE P<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP | ☒ Change ☐ Addition |
| 21 TITLE T<br>22 NAME Janice Destefano<br>23 STREET ADDRESS 6935 Arlington Rd<br>24 CITY-ST-ZIP Bethesda MD 20814 | ☐ Change ☒ Addition |
| 31 TITLE S<br>32 NAME Mitchell Paul<br>33 STREET ADDRESS 6935 Arlington Road<br>34 CITY-ST-ZIP Bethesda MD 20814 | ☐ Change ☒ Addition |
| 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP | ☐ Change ☐ Addition |

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14. I hereby certify that the information supplied with this form 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:** Jim DeStefano Treasurer 1/25/96 301-657-6232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

02/16/96

CR2E034 (12/95)