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 MAY -1 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P21645** **(7)**

1. Corporate Name
C.R.I., INC.

Principal Place of Business
11200 ROCKVILLE PIKE
ROCKVILLE MD 20852

Mailing Address
11200 ROCKVILLE PIKE
ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 52-0988332 ☐ 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

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

12. OFFICERS AND DIRECTORS

Field	12. Officers and Directors	Field	13. Additions/Changes to Officers and Directors
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	DOCKSER, WILLIAM B.	NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	LIEBERMAN, ARTHUR J.	NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	CITY-ST-ZIP	
TITLE	AS	TITLE	V ☒ Change ☐ Addition
NAME	BETZ, JOHN H.	NAME	ALZAMORA, LISA
STREET ADDRESS	2300 M STREET NW	STREET ADDRESS	11200 Rockville Pike
CITY-ST-ZIP	WASHINGTON DC	CITY-ST-ZIP	Rockville, Md. 20852
TITLE	PDS	TITLE	☐ Change ☐ Addition
NAME	WILLOUGHLEY, H. WILLIAM	NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	CITY-ST-ZIP	
TITLE	AS	TITLE	☐ Change ☐ Addition
NAME	JACKSON, ELIJAH L	NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 the 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: Elijah L. Jackson ELIJAH L. JACKSON, 4/28/95 (301) 468-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0002480 CP