

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P21645 (7)
1. Corporation Name
C.R.I., INC.

Principal Place of Business Mailing Address
11200 ROCKVILLE PIKE 11200 ROCKVILLE PIKE
ROCKVILLE MD 20852 ROCKVILLE MD 20852



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1988	
21		26		4. FEI Number 52-0988332	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCKSER, WILLIAM B.	1.2 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, JAMES C	2.2 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	2.4 CITY-ST-ZIP	
TITLE	PDS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLOUGHLEY, H. WILLIAM	3.2 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ELIJAH L	4.2 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR OF TOLATION	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH LEE	5.2 NAME	
STREET ADDRESS	11200 Rockville Pike, 5th Fl.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Rockville, MD. 20852	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *Elijah L. Jackson* (301) 468-9200

CR2E034 (10/97)