
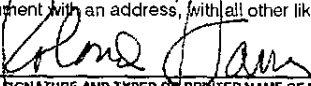


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

|   |   |                                 |  |  |   |
|---|---|---------------------------------|--|--|---|
| <b>DOCUMENT # P26533</b><br>1. Entity Name<br><b>WILMOT/SANZ INCORPORATED</b>   |   |                                 |  |                                       |   |
| Principal Place of Business<br><b>18310 MONTGOMERY VILLAGE AVE<br/>SUITE 700<br/>GAITHERSBURG MD 20879<br/>US</b>   |   |                                 | Mailing Address<br><b>18310 MONTGOMERY VILLAGE AVE<br/>SUITE 700<br/>GAITHERSBURG MD 20879<br/>US</b>                                |  |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |   |
| City & State<br><br>Zip Country   |   |                                 | City & State<br><br>Zip Country  |  |   |
| 4. FEI Number <b>52-1511079</b>   |   |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |  | <b>\$8.75</b> Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b>  |   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |   |                                 |  |  |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____  |   |                                 |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |                                 |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |
| 10. OFFICERS AND DIRECTORS  |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VSD<br>WILMOT, JAMES C.<br>10010 DAMASCUS HILL CT<br>DAMASCUS MD    | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>SANZ, ROLANDO J.<br>798 NELSON STREET<br>ROCKVILLE MD         | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VTD<br>MOSKOWITZ, CRAIG<br>12334 FELLOWSHIP LANE<br>GAITHERSBURG MD | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>FINCHER, DWIGHT<br>12521 HIALEAH WAY<br>GAITHERSBURG MD 20878 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |                                 |  |  |   |
| <b>SIGNATURE:</b>    |   |                                 |  | Date <b>3/14/05</b> Daytime Phone # <b>301-590-2900</b>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |                                 |  |  |   |