

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

DOCUMENT # **P27595** (8)

1. Corporation Name

PROJECT INTEGRATION, INC.



Principal Place of Business

**8427 PULASKI HIGHWAY
BALTIMORE MD 21237-0606**

Mailing Address

**8427 PULASKI HIGHWAY
BALTIMORE MD 21237-0606**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
01/08/1990

3a. Date of Last Report
03/20/1995

4. FEI Number
65-0162195

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

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 or director, as appropriate

(Date) Registered Agent Signature required when appropriate

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUNDEEN, KENNETH C.	
STREET ADDRESS	8427 PULASKI HIGHWAY	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STOKES, MARK M.	
STREET ADDRESS	8427 PULASKI HIGHWAY	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FINK, JOHN L.	
STREET ADDRESS	8427 PULASKI HIGHWAY	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHEELER, CHARLES	
STREET ADDRESS	8427 PULASKI HIGHWAY	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOTT, HARRY M.	
STREET ADDRESS	8427 PULASKI HIGHWAY	
CITY-ST-ZIP	BALTIMORE MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EISENHOUR, JR., JOHN E.	
1.3 STREET ADDRESS	801 WILLIAM STREET	
1.4 CITY-ST-ZIP	BALTIMORE, MD	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TRESSLER, DALE E.	
2.3 STREET ADDRESS	431 FOX CATCHER ROAD	
2.4 CITY-ST-ZIP	BEL AIR, MD	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FINK, JOHN L.	
3.3 STREET ADDRESS	8427 PULASKI HIGHWAY	
3.4 CITY-ST-ZIP	BALTIMORE MD	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KOEHLER, JR., LESLIE W.	
4.3 STREET ADDRESS	6136 GOLF VISTA WAY	
4.4 CITY-ST-ZIP	BOCA RATON, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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:

John L. Fink

John L. Fink, Secretary-Treasurer

4/30/96

(410)

682-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)