

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27983

Entity Name: DURON, INC.

FILED
Jan 08, 2004
Secretary of State

Current Principal Place of Business:

10406 TUCKER STREET
BELTSVILLE, MD 20705

New Principal Place of Business:

Current Mailing Address:

10406 TUCKER STREET
BELTSVILLE, MD 20705

New Mailing Address:

FEI Number: 53-0210332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FEINBERG, ROBERT,
Address: 8014 GREENTREE ROAD
City-St-Zip: BETHESDA, MD

Title: P () Delete
Name: SCHWARTZBECK, THOMAS K
Address: 10406 TUCKER ST.
City-St-Zip: BELTSVILLE, MD

Title: T () Delete
Name: GARDNER, JOHN H
Address: 10406 TUCKER ST
City-St-Zip: BELTSVILLE, MD 20705

Title: SD () Delete
Name: HARAB, PAUL,
Address: 11820 PARKLAWN DRIVE
City-St-Zip: ROCKVILLE, MD

Title: VP () Delete
Name: BLOOM, HOWARD
Address: 10400 TUDER STREET
City-St-Zip: BELTSVILLE, MD 20705

Title: D () Delete
Name: DWECK, RONALD
Address: 4800 HAMPTON LANE
City-St-Zip: BETHESDA, MD 20814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H. GARDNER

T

01/08/2004

Electronic Signature of Signing Officer or Director

_____ Date