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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:33

DOCUMENT # P29127 (8)

1. Corporation Name
HIQ CORPORATE SERVICES, INC.

Principal Place of Business
307 DOLPHIN STREET
BALTIMORE MD 21217

Mailing Address
307 DOLPHIN STREET
BALTIMORE MD 21217

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 516 N. CHARLES ST.	26 516 N. CHARLES ST.
Suite, Apt. #, etc. 22 SUITE 501	Suite, Apt. #, etc. 27 SUITE 501
City & State 23 BALTIMORE MARYLAND	City & State 28 BALTIMORE MARYLAND
Zip 24 21201 Country 25 USA	Zip 29 21201 Country 30 USA

3. Date Incorporated or Qualified: 04/30/1990
3a. Date of Last Report: 03/18/1994
4. FEI Number: 52-1679517 ☐ 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

9. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 EAST PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301

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

TITLE	V
NAME	PRIM, JAMES E
STREET ADDRESS	600 WEST PEACHTREE ST., #1200
CITY-ST-ZIP	ATLANTA GA 30308
TITLE	TAS
NAME	ELLIS, DONALD E
STREET ADDRESS	600 WEST PEACHTREE ST., #1200
CITY-ST-ZIP	ATLANTA GA 30308
TITLE	S
NAME	ALPERIN, JEFFREY
STREET ADDRESS	600 WEST PEACHTREE ST., #1200
CITY-ST-ZIP	ATLANTA GA 30308
TITLE	D
NAME	GOLDSTEIN, BURTON B JR.
STREET ADDRESS	600 WEST PEACHTREE ST., #1200
CITY-ST-ZIP	ATLANTA GA 30308
TITLE	P
NAME	HYLIND, MARK
STREET ADDRESS	307 DOLPHIN STREET
CITY-ST-ZIP	BALTIMORE MD
TITLE	D
NAME	MADDEN, MARY
STREET ADDRESS	600 W. PEACHTREE STREET, SUITE 1200
CITY-ST-ZIP	ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	JAMES C. STROTT, JR.	
1.3 STREET ADDRESS	516 N. CHARLES STREET, SUITE 501	
1.4 CITY-ST-ZIP	BALTIMORE MD 21201	
2.1 TITLE	TREASURER	☒ Change ☐ Addition
2.2 NAME	JAMES C. STROTT, JR.	
2.3 STREET ADDRESS	516 N. CHARLES ST, SUITE 501	
2.4 CITY-ST-ZIP	BALTIMORE MD 21201	
3.1 TITLE	SECRETARY	☒ Change ☐ Addition
3.2 NAME	ROXANNE D. MONIODIS	
3.3 STREET ADDRESS	516 N. CHARLES ST, SUITE 501	
3.4 CITY-ST-ZIP	BALTIMORE MD 21201	
4.1 TITLE	DIRECTOR	☒ Change ☐ Addition
4.2 NAME	JAMES C. STROTT, JR.	
4.3 STREET ADDRESS	516 N. CHARLES ST, SUITE 501	
4.4 CITY-ST-ZIP	BALTIMORE MD 21201	
5.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	VACANT	
5.4 CITY-ST-ZIP		
6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
6.2 NAME	THOMAS W. LOVELAND	
6.3 STREET ADDRESS	516 N. CHARLES ST, SUITE 501	
6.4 CITY-ST-ZIP	BALTIMORE MD 21201	

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 110.07(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: Roxanne D. Moniodis ROXANNE D. MONIODIS 1-31-95 (410)752-8030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0307605 FP