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 # **P29127** **(8)**

1. Corporation Name

HIQ CORPORATE SERVICES, INC.

Principal Place of Business
516 N CHARLES ST
SUITE 501
BALTIMORE MA 21201
US

Mailing Address
516 N CHARLES ST
SUITE 501
BALTIMORE MA 21201
US

3. Date Incorporated or Qualified: 04/30/1990

3a. Date of Last Report: 02/07/1995

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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State: BALTIMORE MD
24 Zip — 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State: BALTIMORE MD
29 Zip — 30 Country

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 ____ DATE ____

12. OFFICERS AND DIRECTORS		
TITLE	P	[ ] DELETE
NAME	STROTT, JAMES C JR	
STREET ADDRESS	516 N CHARLES STREET, SUITE 501	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	T	[ ] DELETE
NAME	STROTT, JAMES C JR	
STREET ADDRESS	516 N CHARLES ST, SUITE 501	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	S	[ ] DELETE
NAME	MONIODIS, ROXANNE D	
STREET ADDRESS	516 N CHARLES ST, SUITE 501	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	D	[ ] DELETE
NAME	STROTT, JAMES C JR	
STREET ADDRESS	516 N CHARLES ST, SUITE 501	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VP	[X] DELETE
NAME	HYLIND, MARK	
STREET ADDRESS	VACANT	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	D	[ ] DELETE
NAME	LOVELAND, THOMAS W	
STREET ADDRESS	516 N CHARLES ST, SUITE 501	
CITY-ST-ZIP	BALTIMORE MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Roxanne D. Moniodis ROXANNE D. MONIODIS, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-18-96 Daytime Phone #: (410) 752-8030