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 JAN 19 PM 1:00

DOCUMENT # P29450 (4)

1. Corporation Name
MONUMENTAL INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
2207 MONUMENTAL AVE BALTIMORE MD 21227	2207 MONUMENTAL AVE BALTIMORE MD 21227

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1990
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 52-1222529 ☐ 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

CT CORPORATION
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	RITCHIE, M. DELMAR, JR.	1.2 NAME	
STREET ADDRESS	905 RAVENSHEAD HILL	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHERWOOD FOREST MD	1.4 CITY-ST-ZIP	
TITLE	SV	2.1 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, ROBERT T.	2.2 NAME	
STREET ADDRESS	1233 NOTTINGHAM ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMINSTER MD	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, ADALBERTO A.	3.2 NAME	
STREET ADDRESS	7014 PELICAN ISLAND DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, PARKER O JR.	4.2 NAME	
STREET ADDRESS	1 EVANS HILL	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHERWOOD FOREST MD	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KENT, E. R	5.2 NAME	
STREET ADDRESS	703 ROBIN HOOD HILL	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHERWOOD FOREST MD	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	BRAVERMAN, SIMON	6.2 NAME	
STREET ADDRESS	20 JUDGES LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOWSON MD	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)(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: Robert T. O'Brien ROBERT T. O'BRIEN, V.P./S 1/12/95 410-247-2200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0307453 FP