

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90050 042 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P29450**  
 1. Corporation Name  
**MONUMENTAL INVESTMENT CORPORATION**

Principal Place of Business 2207 MONUMENTAL AVE BALTIMORE MD 21227	Mailing Address 2207 MONUMENTAL AVE BALTIMORE MD 21227
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/19/1990	4. FEI Number 52-1222529	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24	25	29	30	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	CEOD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SENIOR V.P. JOHN P. HOLLERBACH
STREET ADDRESS		5.3 STREET ADDRESS	12125 DUSH VIEW COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLARKSVILLE MD 21029
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VICE-PRESIDENT DAVID A. SCHORR
STREET ADDRESS		6.3 STREET ADDRESS	10 WYNDCREST AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BALTIMORE MD 21228

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Robert T. O'Brien Date: 2/26/99 Daytime Phone #: 410-247-2200

CR2E034 (1/98)