2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P29450

1. Entity Name

MONUMENTAL INVESTMENT CORPORATION



FILED Feb 07, 2004 08:00-AM Secretary of State

Principal Place of Business

4530 HOLLINS FERRY RD. BALTIMORE, MD 21227 US Mailing Address

301 MERRITT SOUTH 6TH FLOOR NORWALK, CT 06851

US



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4. FEI Number Applied For Not Applied For Not Applied For S2-1222529

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. The above name the obligations o	ed entity submits this statement for the pu of registered agent.	irpose of changing its registere	d office or r	egistered agent, or be	oth, in the State of Florida. I am famili	ar with, and accept
SIGNATURESignatu	ure, typed or printed name of registered agent and title if	applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE	<u> </u>
	OW!!! FEE IS \$150.00 , 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	U00000040673 U2/09/04-80058-002	150.00
STREET ADDRESS 453	OFFICERS AND DIRECT CHIE, M. DELMAR, JR. 80 HOLLINS FERRY RD. LTIMORE, MD 21227	TORS				
STREET ADDRESS 453	REZ, ADALBERTO A. 80 HOLLINS FERRY RD. LTIMORE, MD 21227					
STREET ADDRESS 301	PS VY, JEFFREY M I MERRITT SEVEN RWALK, CT 06851		•	DO	NOT WRITE	
STREET ADDRESS 10 V	HORR, DAVID A WYNDCREST AVE LTIMORE, MD 21228			IN	THIS SPACE	
STREET ADDRESS 301	NELAN, FRANK I MERRITT SEVEN RWALK, CT 06851					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3				
12. Thereby certify	that the information supplied with this file	ng does not qualify for the exen	ption state	d in Section 119.07(3)(i), Florida Statutes. I further certify th	at the information

12. Thereby certify that the information supplied with this fixed does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied ental 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 surface empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other jump empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/04

203.849-7800

Daytime Phone #