

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P29637** (6)

1. Corporation Name

**LDR INTERNATIONAL INC.**



Principal Place of Business

**9175 GUILFORD ROAD  
COLUMBIA MD 21046**

Mailing Address

**9175 GUILFORD ROAD  
COLUMBIA MD 21046**

2. Principal Place of Business

21 State, Apt., etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt., etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified

**06/01/1990**

3a. Date of Last Report

**09/11/1995**

4. FET Number

**52-0894579**

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

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 607.0606, Florida Statutes.

SIGNATURE

Signature of person authorized to sign this statement on behalf of the corporation

Signature of person authorized to sign this statement on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

| TYPE | NAME                   | STREET ADDRESS           | CITY, ST, ZIP | DELETE                   |
|------|------------------------|--------------------------|---------------|--------------------------|
| VD   | HILDERBRANDT, DONALD H | 11101 YOUNGTREE COURT    | COLUMBIA MD   | <input type="checkbox"/> |
| PD   | JARVIS, FREDERICK D    | 10376 BUGLENOTE WAY      | COLUMBIA MD   | <input type="checkbox"/> |
| SD   | WINTERBOTTOM, BERT     | 1510 PARK AVE            | BALTIMORE MD  | <input type="checkbox"/> |
| TD   | SHRACK, J. KIPP        | 5237 PATRIOT LANE        | COLUMBIA MD   | <input type="checkbox"/> |
| CD   | HALL, JOHN C.          | 5241 PATRIOT LANE        | COLUMBIA MD   | <input type="checkbox"/> |
| D    | PAUMIER, CYRIL B       | 11131 WILLOWBOTTOM DRIVE | COLUMBIA MD   | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE  | 2. NAME  | 3. STREET ADDRESS  | 4. CITY, ST, ZIP  | 5. CHANGE                | 6. ADDITION              |
|-----------|----------|--------------------|-------------------|--------------------------|--------------------------|
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY, ST, ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY, ST, ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY, ST, ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY, ST, ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY, ST, ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY, ST, ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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)(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 of this filing or in an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. KIPP SHRACK**

DATE

**1/29/96**

**410-792-4360**

DATE OF FILING

CR2E034 (12/95)