

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 21046-1844



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/01/1990

3a. Date of Last Report

02/12/1996

4. FEI 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | ALINGER, HENRY | |
| 1.3 STREET ADDRESS | 7315 KIMPLER ROAD | |
| 1.4 CITY-ST-ZIP | COLUMBIA, MD 21046 | |
| 2.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | AVIN, URI | |
| 2.3 STREET ADDRESS | 6903 DIANA ROAD | |
| 2.4 CITY-ST-ZIP | BALTIMORE, MARYLAND 21209 | |
| 3.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | KOELBL, JOHN | |
| 3.3 STREET ADDRESS | 2802 PAGE DRIVE | |
| 3.4 CITY-ST-ZIP | BALTIMORE, MD 21222 | |
| 4.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | WATSON, CRAIG | |
| 4.3 STREET ADDRESS | 5643 SUFFIELD COURT | |
| 4.4 CITY-ST-ZIP | COLUMBIA, MD 21044 | |
| 5.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | WAY, KIM | |
| 5.3 STREET ADDRESS | 4040 ARJAY CIRCLE | |
| 5.4 CITY-ST-ZIP | ELICOTT CITY, MD 21042 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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.

SIGNATURE: *John Koelbl* JOHN KOELBL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 9, 1997
Date

410 792 4360
Daytime Phone #

0008871

CR2E034 (9/96)