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 FEB -2 PM 2:04

DOCUMENT # P33230 (4)

1. Corporation Name
INVENTORY MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
6700 ALEXANDER BELL DRIVE COLUMBIA MD 21046-2190 US	6700 ALEXANDER BELL DRIVE COLUMBIA MD 21046-2190 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1991
3a. Date of Last Report: 02/22/1994
4. FEI Number: 52-1464312 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 _____ 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	D	1.1 TITLE		☒ Change ☐ Addition
NAME	~~KLOSE, ROGER E.~~	1.2 NAME		
STREET ADDRESS	~~6700 ALEXANDER BELL DRIVE~~	1.3 STREET ADDRESS	delete	
CITY-ST-ZIP	~~COLUMBIA MD~~	1.4 CITY-ST-ZIP		
TITLE	~~D~~	2.1 TITLE	P	☒ Change ☐ Addition
NAME	~~STANTON, JOHN C.~~	2.2 NAME	Robert C. Killough	
STREET ADDRESS	~~1566 MEDICAL DRIVE~~	2.3 STREET ADDRESS	2950 Buskirk Avenue	
CITY-ST-ZIP	~~POTTSTOWN PA~~	2.4 CITY-ST-ZIP	Walnut Creek, CA 94596	
TITLE	~~VD~~	3.1 TITLE	V	☒ Change ☐ Addition
NAME	SMITH, DAVID L.	3.2 NAME		
STREET ADDRESS	1566 MEDICAL DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	POTTSTOWN PA	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, KENNETH L.	4.2 NAME		
STREET ADDRESS	6700 ALEXANDER BELL DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA MD	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	DT	☒ Change ☐ Addition
NAME	MCAULIFFE, JOHN C	5.2 NAME		
STREET ADDRESS	6700 ALEXANDER BELL DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA MD	5.4 CITY-ST-ZIP		
TITLE	~~P~~	6.1 TITLE		☒ Change ☐ Addition
NAME	~~GIBSON, GARY J~~	6.2 NAME		
STREET ADDRESS	~~156 MEDICAL DR~~	6.3 STREET ADDRESS	delete	
CITY-ST-ZIP	~~POTTSTOWN PA~~	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: K L Crawford 1-27-95 (410) 290-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kenneth L. Crawford

0307203 FP