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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P33612 (3)

**1. Corporation Name
MTMG CORPORATION**

**Principal Place of Business
10400 FERNWOOD ROAD
BETHESDA MD 20817**

**Mailing Address
10400 FERNWOOD RD.
DEPT 824.13
BETHESDA MD 20817-1100
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/17/1991 3a. Date of Last Report 05/01/1994
4. FBI Number 52-1724886 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105
83
84 City TALLAHASSEE FL 85 Zip Code 32301

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TIEFEL, WILLIAM R. 10400 FERNWOOD RD BETHESDA MD	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD TODD CLIST 10400 FERNWOOD ROAD BETHESDA, MD 20817 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WALKER, MYRON D 10400 FERNWOOD RD BETHESDA MD	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D MYRON D. WALKER 10400 FERNWOOD ROAD BETHESDA, MD 20817 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCGLOCKTON, JOAN R 10400 FERNWOOD RD BETHESDA MD	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BENZ, NANCY L 10400 FERNWOOD RD. BETHESDA MD	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEARING, MICHAEL E 10400 FERNWOOD RD. BETHESDA MD	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D JOSEPH RYAN 10400 FERNWOOD ROAD BETHESDA, MD 20817 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MURPHY, RAYMOND G 10400 FERNWOOD RD BETHESDA MD	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

Nancy L. Benz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy L. Benz
Date

4-12-95
Notary Public # *301-380-3100*