


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P33612		
1. Entity Name MTMG CORPORATION		
Principal Place of Business 10400 FERNWOOD ROAD BETHESDA, MD 20817	Mailing Address 10400 FERNWOOD RD. DEPT 924.13 BETHESDA, MD 20817-1109 US	



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-1724898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE, FL 32301
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STANT, JEFF B 10400 FERNWOOD ROAD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PULSE, LESTER M 10400 FERNWOOD RD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INGALLS, DOROTHY M 10400 FERNWOOD RD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENZ, NANCY L. 10400 FERNWOOD RD. BETHESDA, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANDLON, CAROLYN B 10400 FERNWOOD RD. BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISZ, STEPHEN P 10400 FERNWOOD RD BETHESDA, MD 20817

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

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

04-23-04 301-380-8742  
Date Daytime Phone #