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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P34785** **(6)**

1. Corporation Name
BLACK'S GUIDE, INC.

Principal Place of Business	Mailing Address
818 WEST DIAMOND AVENUE **SIOTE 300** **GAITHERSBURG MD 20878**	**818 WEST DIAMOND AVENUE** **SIOTE 300** **GAITHERSBURG MD 20878**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified
07/24/1991

4. FEI Number
52-1579080
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**P**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	**DESIMONE, MICHAEL A**		1.2 NAME		
STREET ADDRESS	**818 W. DIAMOND AVE., #300**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**GAITHERSBURG MD 20878**		1.4 CITY-ST-ZIP		
TITLE	**ST**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	**KOONTZ, MAUREEN**		2.2 NAME		
STREET ADDRESS	**818 W. DIAMOND AVE., #300**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**GAITHERSBURG MD 20878**		2.4 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	**KANTER, DAVID M**		3.2 NAME		
STREET ADDRESS	**1910 SUNDERLAND PLACE N.W.**		3.3 STREET ADDRESS		
CITY-ST-ZIP	**WASHINGTON DC 20036**		3.4 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	**LEVY, ROBERT A**		4.2 NAME		
STREET ADDRESS	**9740 SORREL AVENUE**		4.3 STREET ADDRESS		
CITY-ST-ZIP	**POTOMAC MD 20854**		4.4 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	**KRIPOTOS, SPERO L**		5.2 NAME		
STREET ADDRESS	**11200 ROCKVILLE PIKE., #220**		5.3 STREET ADDRESS		
CITY-ST-ZIP	**ROCKVILLE MD 20852**		5.4 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	**THOMSON, DAVID K**		6.2 NAME		
STREET ADDRESS	**65 QUEEN STREET**		6.3 STREET ADDRESS		
CITY-ST-ZIP	**TORONTO CANADA M5H2M8**		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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 _____ 04/16/1998