2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

DOCUMENT # P35197 1. Entity Name ALLEGIS GROUP, INC.					01-20-2004 90048 003 ***150.00			
Principal Place of Business 7301 PARKWAY DR HANOVER, MD 21076 US		Mailing Address % RANDALL D. SONES 7301 PARKWAY DRIVE HANOVER, MD 21076 U	ıs	1 (20)(20) (4)				
2. Principal Place of Business-		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052004	Chg-P	CR2E034 (10,	/03)	
, City & State		City & State		4. FEI Number 52-1304			Applied For Not Applicable	
Zip	Country	Zip Co	ountry		of Status Desired	□ \$8.75	Additional quired	
	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New	Registered Agent		
CORPORATION SERVICE COMPANY				Name				
1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
1ALLA//AGGLE, 1 C 32301-2323								
·			City	, , , , , , , , , , , , , , , , , , ,		FL Zip	Code	
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 Signature, typed or printed name of registered agent and talle if applicable. (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 \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIREC	CTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	OC BISCIOTTI, STEPHEN J 7301 PARKWAY DR HANOVER, MD		TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ ch	ange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OC DAVIS, JAMES C 7301 PARKWAY DR HANOVER, MD		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange Addition	
NAME STREET ADDRESS CITY-ST-ZIP	P . CAREY, JOHN T 7301 PARKWAY DR HANOVER, MD	23,23,00	STREET ADDRESS 17	resident Imes C. 301 Park tanover	WWW D	\$\forall \text{Cn} \\ \forall \cdot \text{7} \text{4}	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO STANDEVEN, DAVID J 4463 S MEADOWS CT ELLICOTT CITY, MD		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS SONES, RANDALL 7301 PKWY DR HANOVER, MD		TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ch	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTLER, R A 7301 PARKWAY DRIVE HANOVER, MD 21076		TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Ch	ange	

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall D. Sones

1/7/04 41057935