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

**FILED** Apr 15 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P39867 T.T.E. OF MARYLAND, INC. Principal Place of Business Mailing Address 11382 HIGH HAY DR. PO BOX 1098 COLUMBIA MD 21044 COLUMBIA MD 21044 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/27/1992</u> 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 52-1581421 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 30 Personal Property Tax due June 30. Yes Yes 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 Name 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANATION FL 33324** 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. CPT DELETE Change Addition TITLE 1.1 TITLE WOOD, KENNETH A. NAME 12 NAME 11382 HIGH HAY DRIVE STREET ADDRESS 1.3 STREET ADDRESS **COLUMBIA MD** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE VCS 2.1 TITLE WOOD, CAROLYN K. NAME 2.2 NAME 11382 HIGH HAY DRIVE STREET ADDRESS 2.3 STREET ADDRESS **COLUMBIA MD** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 41 TITLE TITL F NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

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14. Thereby 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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP