

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000001397

FILED
Apr 04, 2002 8:00 AM
Secretary of State

Entity Name: ROLYN CONSTRUCTION CORPORATION

Current Principal Place of Business:

12312 WILKINS AVE
ROCKVILLE, MD 20852

New Principal Place of Business:

12312 WILKINS AVE
ROCKVILLE, MD 20852 US

Current Mailing Address:

12312 WILKINS AVE
ROCKVILLE, MD 20852

New Mailing Address:

12312 WILKINS AVE
ROCKVILLE, MD 20852 US

FEI Number: 52-1247718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGMAN, GERTRUDE
3000 NW 42ND AVE #B203
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: BERGMAN, RONALD
Address: 12312 WILKINS AVE
City-St-Zip: ROCKVILLE, MD 20852

Title: PRES () Delete
Name: BERGMAN, SAMUEL J
Address: 12312 WILKINS AVE
City-St-Zip: ROCKVILLE, MD 20852

Title: SEC () Delete
Name: BERGMAN, LYNNE S
Address: 12312 WILKINS AVE
City-St-Zip: ROCKVILLE, MD 20852

Title: TRES () Delete
Name: BERGMAN, AMANDA G
Address: 12312 WILKINS AVE
City-St-Zip: ROCKVILLE, MD 20852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA G. BERGMAN

TRES

04/04/2002

Electronic Signature of Signing Officer or Director

_____ Date