

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000002118

Entity Name: AVIAN OF MARYLAND, INC.**Current Principal Place of Business:**22111 THREE NOTCH RD
LEXINGTON PARK, MD 20653**Current Mailing Address:**22111 THREE NOTCH RD
LEXINGTON PARK, MD 20653 US**FEI Number:** 83-0414964**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCorp SERVICES, INC.
17888 67TH CT N
LOXAHATCHEE, FL 33470 US*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**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	SWITICK, KEVIN G
Address	22111 THREE NOTCH RD
City-State-Zip:	LEXINGTON PARK MD 20653

Title	VP, DIRECTOR
Name	SHERMAN, JEFFERSON W
Address	22111 THREE NOTCH RD
City-State-Zip:	LEXINGTON PARK MD 20653

Title	SECRETARY
Name	DANIELSON, JEFFREY M
Address	22111 THREE NOTCH RD
City-State-Zip:	LEXINGTON PARK MD 20653

Title	TREASURER
Name	HILL, HEATHER M
Address	22111 THREE NOTCH RD
City-State-Zip:	LEXINGTON PARK MD 20653

Title	DIRECTOR
Name	DYER, JOSEPH W
Address	22111 THREE NOTCH RD
City-State-Zip:	LEXINGTON PARK MD 20653

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY M DANIELSON**SECRETARY****04/22/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date