

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 6:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **830151** (7)
1. Corporation Name
RTKL ASSOCIATES, INC.

Principal Place of Business Mailing Address
COMMERCE PLAZA **COMMERCE PLACE**
1 SOUTH ST. **1 SOUTH ST.**
BALTIMORE MD 21202 **BALTIMORE MD 21202**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/30/1973** 3a. Date of Last Report **06/07/1994**

4. FEI Number **52-0884069** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	ADAMS, HAROLD L
STREET ADDRESS	400 E PRATT STREET
CITY - ST - ZIP	BALTIMORE, MD 00000
TITLE	VCD
NAME	SCALABRIN, JOSEPH J.
STREET ADDRESS	400 E PRATT STREET
CITY - ST - ZIP	BALTIMORE, MD 00000
TITLE	VD
NAME	MANFREDI, ROBERT R.
STREET ADDRESS	400 E PRATT STREET
CITY - ST - ZIP	BALTIMORE, MD 00000
TITLE	VD
NAME	DAVID J. BROTMAN
STREET ADDRESS	2701 BAY VIEW DRIVE
CITY - ST - ZIP	MANHATTAN BEACH CA
TITLE	VD
NAME	NIEDERMAN, TED A.
STREET ADDRESS	400 E PRATT STREET
CITY - ST - ZIP	BALTIMORE, MD 00000
TITLE	VT
NAME	MCCONNELL, DONALD A.
STREET ADDRESS	400 E. PRATT STREET
CITY - ST - ZIP	BALTIMORE MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Donald A. McConnell Vice President 4/13/95 410 528-8600*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR