

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000006420

FILED
Oct 11, 2005
Secretary of State

Entity Name: BASILE BAUMANN PROST & ASSOCIATES, INC.

Current Principal Place of Business:

177 DEFENSE HIGHWAY, SUITE 10
ANNAPOLIS, MD 21401

New Principal Place of Business:

Current Mailing Address:

177 DEFENSE HIGHWAY, SUITE 10
ANNAPOLIS, MD 21401

New Mailing Address:

FEI Number: 52-1670718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, PAULA
204 37TH AVE NORTH, SUITE 354
ST. PETERSBURG, FL 33704 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: PAULA GRAHAM

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PROST, JIM
Address: 1107 BOUCHER AVENUE
City-St-Zip: ANNAPOLIS, MD 21403

Title: V () Delete
Name: BAUMANN, WIL
Address: 220 LEITCH ROAD
City-St-Zip: TRACY'S LANDING, MD 20779

Title: S () Delete
Name: BASILE, RALPH
Address: 412 NARROWS POINTE DRIVE
City-St-Zip: GRASONVILLE, MD 21638

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:

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: RALPH BASILE

S

10/11/2005

Electronic Signature of Signing Officer or Director

Date