2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006420

City-St-Zip:

GRASONVILLE, MD 21638

Entity Name: BASILE BAUMANN PROST COLE & ASSOCIATES, INC.

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NSE HIGHWAY S, MD 21401	, SUITE 10			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
177 DEFENSE HIGHWAY, SUITE 10 ANNAPOLIS, MD 21401				177 DEFENSE HIGHWAY ANNAPOLIS, MD 21401	
FEI Number:	52-1670718	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
GRAHAM, PAULA 204 37TH AVE NORTH, SUITE 354 ST. PETERSBURG, FL 33704 US					
The above in the State		ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () PROST, JIM 205 W. LANVLE BALTIMORE, ME	Delete 0. 21217	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () COLE, ROGER TO 976 PLACID COLARNOLD, MD 2	JRT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () I BASILE, RALPH 412 NARROWS	Delete POINTE DRIVE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: JAMES PROST D 01/06/2009