

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001989

**FILED**  
**Aug 09, 2011**  
**Secretary of State**

**Entity Name:** P4 GENERAL PARTNER CORP.

**Current Principal Place of Business:**

6031 UNIVERSITY BLVD., STE. 235  
ELLCOTT CITY, MD 21043

**New Principal Place of Business:**

6031 UNIVERSITY BLVD., STE. 180  
ELLCOTT CITY, MD 21043

**Current Mailing Address:**

6031 UNIVERSITY BLVD., STE. 235  
ELLCOTT CITY, MD 21043

**New Mailing Address:**

6031 UNIVERSITY BLVD., STE. 180  
ELLCOTT CITY, MD 21043

**FEI Number:** 27-0254455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: RAJ MANTENA, RAMA LINGA  
Address: 6031 UNIVERSITY BLVD., STE. 180  
City-St-Zip: ELLCOTT CITY, MD 21043

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: RAMA LINGA RAJ MANTENA

CP

08/09/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date