

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 12:05

DOCUMENT # F93000002976 (9)

1. Corporation Name

COLUMBIA NATIONAL, INCORPORATED

Principal Place of Business

7142 COLUMBIA GATEWAY DRIVE
 COLUMBIA MD 21046

Mailing Address

7142 COLUMBIA GATEWAY DRIVE
 COLUMBIA MD 21046

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1993

3a. Date of Last Report

06/10/1994

4. FEI Number

52-0957267

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 190.002, Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RENNER, JOHN W
STREET ADDRESS	225 HAWTHORN ROAD
CITY - ST - ZIP	BALTIMORE MD 21210
TITLE	V
NAME	DOUGLAS, DOUGLAS
STREET ADDRESS	10977 SHADOW LANE
CITY - ST - ZIP	COLUMBIA MD 21044
TITLE	VST
NAME	IRETON, THOMAS F
STREET ADDRESS	7504 BROADCLOTH WAY
CITY - ST - ZIP	COLUMBIA MD 21046
TITLE	CD
NAME	GALLITANO, DAVID J
STREET ADDRESS	7316 BAY HIL COURT
CITY - ST - ZIP	RALEIGH NC 27815
TITLE	D
NAME	ARMSTRONG, GERALD S
STREET ADDRESS	787 PARK AVENUE
CITY - ST - ZIP	NEW YORK NY 10153
TITLE	D
NAME	MICHAS, ALEXIS P
STREET ADDRESS	38 E 72ND ST APT 7
CITY - ST - ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	Richard J. Sterne	
1 3 STREET ADDRESS	375 Park Avenue, 18th Floor	
1 4 CITY - ST - ZIP	New York, NY 10152	
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 110.07(3)(k), 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:

Thomas F. Ireton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95

DATE

(410) 872-2110

PHONE NUMBER

CR2E034 (3-95)