


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90001 050 ***150.00

DOCUMENT # F93000002976
 1. Entity Name
COLUMBIA NATIONAL, INCORPORATED



Principal Place of Business
**520 BROAD HOLLOW ROAD
 MELVILLE, NY 11747**

Mailing Address
**7142 COLUMBIA GATEWAY DRIVE
 COLUMBIA, MD 21046**

54056601



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
520 Broadhollow Rd
 Suite, Apt. #, etc.

05202004 Chg-P CR2E034 (10/03)

City & State
Melville, NY

4. FEI Number
52-0957267

Applied For
 Applied For
 Not Applicable

Zip
11747

Country
U.S

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STRAUSS, MICHAEL	
STREET ADDRESS	520 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	HOZIE, STEPHEN	
STREET ADDRESS	520 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	S	<input type="checkbox"/> Delete
NAME	HORN, ALAN B	
STREET ADDRESS	520 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **ALAN HORN** **5-24-04** **800-755-3100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #