

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000002976 (9)**

1. Corporation Name

COLUMBIA NATIONAL, INCORPORATED



Principal Place of Business

Mailing Address

7142 COLUMBIA GATEWAY DRIVE
COLUMBIA MD 21046

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COLUMBIA MD 21046

3. Date Incorporated or Qualified 06/28/1993	3a. Date of Last Report 06/19/1995
4. FEI Number 52-0957267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 type for printed name of registered agent and title (Applicable)

(If 201: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	RENNER, JOHN W	
STREET ADDRESS	225 HAWTHORN ROAD	
CITY - ST - ZIP	BALTIMORE MD 21210	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DOUGLAS, DOUGLAS	
STREET ADDRESS	10977 SHADOW LANE	
CITY - ST - ZIP	COLUMBIA MD 21044	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	IRETON, THOMAS F	
STREET ADDRESS	7504 BROADCLOTH WAY	
CITY - ST - ZIP	COLUMBIA MD 21046	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GALLITANO, DAVID J	
STREET ADDRESS	7316 BAY HIL COURT	
CITY - ST - ZIP	RALEIGH NC 27615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, GERALD S	
STREET ADDRESS	787 PARK AVENUE	
CITY - ST - ZIP	NEW YORK NY 10153	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHAS, ALEXIS P	
STREET ADDRESS	36 E 72ND ST APT 7	
CITY - ST - ZIP	NEW YORK NY	

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	David J. Gallitano
43. STREET ADDRESS	3552 Church Road
44. CITY - ST - ZIP	Ellicott City, MD 21043
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 119.07(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 617, 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

, Thomas F. Ireton

6/7/96

(410) 872-2110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Phone #

CR2E034 (3/96)