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PROFIT CORPORATION ANNUAL REPORT

1996

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

2-14-96 1:11106

DOCUMENT # **F94000002029 (6)**

1. Corporation Name

WALLAC INC.

Principal Place of Business	Mailing Address
9238 GAITHER ROAD GAITHERSBURG MD 20877	9238 GAITHER ROAD GAITHERSBURG MD 20877

3. Date Incorporated or Qualified: **04/20/1994**
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business — 21:
Street, Apt. #, etc. — 22:
City, & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Street, Apt. #, etc. — 27:
City, & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **52-1173956** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT 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 _____ NOTE: Registered Agent Signature required for electronic filing. DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BUCKLEY, GERARD D 9238 GAITHER ROAD GAITHERSBURG MD 20877 ☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROSS, MURRAY 45 WILLIAM ST. WELLESLEY MA 02181 ☐ DELETE	2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DONAHUE, JOHN S 45 WILLIAM ST. WELLESLEY MA 02181 ☒ DELETE	3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	☐ Change ☒ Addition ASSISTANT SECRETARY DONNA ECONOMOU 45 WILLIAM ST WELLESLEY, MA 02181
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROADBENT, PETER A 45 WILLIAM ST. WELLESLEY MA 02181 ☒ DELETE	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☒ Addition TREASURER JEFFREY RONNER 45 WILLIAM ST WELLESLEY, MA 02181
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(i), 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 added to the report with my address.

SIGNATURE: Gerard D Buckley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 2, 1996
Date

(301) 963-3200
Daytime Phone #