FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91452 042 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001537

1. Entity Name
Camden Resources Management, Inc.

DO NOT WRITE IN THIS SPACE

90127758

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2. Principal Place of Business	3. Mailing Address
4325 Old Columbia Pike	4325 Old Columbia Pike
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Annandale VA	City & State: Annandale VA
Zip: 22003 Country: USA	Zip: 22003 Country: USA

4. FEI Number: 59-3550639 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable): 1000 West Avenue #1114

City: Miami Beach FL Zip Code: 33139

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	President + Director	TITLE	
NAME	Jack A. Lynch	NAME	
STREET ADDRESS	4325 Old Columbia Pike	STREET ADDRESS	
CITY-ST-ZIP	Annandale VA 22003	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jack A Lynch JACK A. Lynch 5-1-03 703-354-6729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #