## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2000 8:00 am Secretary of State **DOCUMENT #812658** CC RETAIL SERVICES, INC. 04-18-2000 90264 011 \*\*\*150.00 Principal Place of Business Mailing Address 300 ST PAUL PLACE 300 ST PAUL PLACE BALTIMORE 2 MARYLAND 21202 **BSP10D** BALTIMORE 2 MARYLAND 21202-2120 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number **52-0706906** ... Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change **ATS** ☐ Delete TITLE TITLE CANEDY, K.A. NAME NAME STREET ADDRESS 300 ST PAUL PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BALT, MD 00000 Change ☐ Addition PD ☐ Delete TITLE DUVALL, J.B. NAME STREET ADDRESS STREET ADDRESS 300 ST. PAUL PLACE CITY-ST-7IP CITY-ST-ZIP **BALTIMORE MD** Change ☐ Addition Delete TITLE TITLE NAME JONES, J.I. NAME STREET ADDRESS STREET ADDRESS 300 ST PAUL PLACE CITY-ST-ZIP CITY-ST-ZIP **BALT, MD 00000** ☐ Change ☐ Addition ☐ Delete TITLE TITLE SMOLEY, D A NAME NAME STREET ADDRESS STREET ADDRESS 300 ST. PAUL PLACE CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD** Delete Change ☐ Addition TITLE TITLE WONG, M.J. NAME NAME 300 ST. PAUL PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD Change ☐ Addition TITLE 👿 Delete TITLE NAME BYRNE, D.A. NAME STREET ADDRESS 300 ST PAUL PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.