

2001 UNIFORM BUSINESS REPORT (UBR)

18192
0677135

DOCUMENT # F00000000193

1. Entity Name

PERSONAL PERFORMANCE CONSULTANTS, INC.

FILED

01 APR 30 PM 12:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046	Mailing Address 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 43-1226328	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete STONE, DAVID B 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete HITTMAN, SANDRA M SR. 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input type="checkbox"/> Delete SANFORD, CHARLOTTE A 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete LAZAROFF, DENNIS J 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete RISTAU, CHARLES M 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete SPIEGEL, SUSAN C 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input type="checkbox"/> Addition Dennis Moody 6950 Columbia Gateway Drive, Ste 400 Columbia, MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900004090823-0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP&AS Marks Demilio 6950 Columbia Gateway Drive, Ste 400 Columbia MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SP

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marks Demilio, Vice President 4/24/01
DATE DAYTIME PHONE #

CR2E034 (10/00)

18292



ACCOUNT NO. : 072100000032
REFERENCE : 131817 5028257
AUTHORIZATION :
COST LIMIT : \$ 150.00

Patricia Pzyub

ORDER DATE : April 27, 2001
ORDER TIME : 9:40 AM
ORDER NO. : 131817-020
CUSTOMER NO: 5028257
CUSTOMER: Ms. Maria Ayub
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: PERSONAL PERFORMANCE
CONSULTANTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- XX _____ PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS:

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 30 AM 10:43
NOT RECORDED
TO BE RETURNED
TO AGENCY OF FILING