

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90043 023 \*\*\*150.00

**DOCUMENT # F00000000193**

1. Entity Name  
**PERSONAL PERFORMANCE CONSULTANTS, INC.**

Principal Place of Business      Mailing Address  
**6950 COLUMBIA GATEWAY DRIVE, SUITE 400**      **6950 COLUMBIA GATEWAY DRIVE, SUITE 400**  
**COLUMBIA MD 21046**      **COLUMBIA MD 21046**

338828



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>43-1226328</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>		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. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOODY, DENNIS</b>	NAME	
STREET ADDRESS	<b>6950 COLUMBIA GATEWAY DRIVE, SUITE 400</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBIA MD 21046</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HITTMAN, SANDRA M SR.</b>	NAME	
STREET ADDRESS	<b>6950 COLUMBIA GATEWAY DRIVE, SUITE 400</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBIA MD 21046</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANFORD, CHARLOTTE A</b>	NAME	
STREET ADDRESS	<b>6950 COLUMBIA GATEWAY DRIVE, SUITE 400</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBIA MD 21046</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAZAROFF, DENNIS J</b>	NAME	
STREET ADDRESS	<b>6950 COLUMBIA GATEWAY DRIVE, SUITE 400</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBIA MD 21046</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEMILIO, MARK S</b>	NAME	
STREET ADDRESS	<b>6950 COLUMBIA GATEWAY DRIVE, SUITE 400</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBIA MD 21046</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIEGEL, SUSAN C</b>	NAME	
STREET ADDRESS	<b>6950 COLUMBIA GATEWAY DRIVE, SUITE 400</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBIA MD 21046</b>	CITY-ST-ZIP	

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]* **REQUIRED**      4/19/02      410-953-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)