

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90121 038 ***150.00

DOCUMENT # F00000000193



1. Entity Name
PERSONAL PERFORMANCE CONSULTANTS, INC.

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

Mailing Address
**6950 COLUMBIA GATEWAY DRIVE, SUITE 400
COLUMBIA MD 21046**

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



CHECK HERE IF MAKING CHANGES

4. FEI Number **43-1226328**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MOODY, DENNIS 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	VPAS <input type="checkbox"/> Delete DEMILIO, MARK S 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *SIGNATURE REQUIRED DENNIS MOODY*

4/14/03

CR2E034 (10/02)