

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005567

FILED
Apr 08, 2010
Secretary of State

Entity Name: FLORIDA LESSOR-MEADOWVIEW, INC.

Current Principal Place of Business:

200 INTERNATIONAL CIRCLE #3500
HUNT VALLEY, MD 21030

New Principal Place of Business:

Current Mailing Address:

200 INTERNATIONAL CIRCLE #3500
HUNT VALLEY, MD 21030

New Mailing Address:

FEI Number: 56-2398721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES
Name: PICKETT, C. TAYLOR
Address: 200 INTERNATIONAL CIRCLE #3500
City-St-Zip: HUNT VALLEY, MD 21030

Title: SEC
Name: BOOTH, DANIEL J
Address: 200 INTERNATIONAL CIRCLE #3500
City-St-Zip: HUNT VALLEY, MD 21030

Title: TRES
Name: STEPHENSON, ROBERT O
Address: 200 INTERNATIONAL CIRCLE #3500
City-St-Zip: HUNT VALLEY, MD 21030

Title: DIR
Name: STEPHENSON, ROBERT O
Address: 200 INTERNATIONAL CIRCLE #3500
City-St-Zip: HUNT VALLEY, MD 21030

Title: VP
Name: RITZ, MICHAEL
Address: 200 INTERNATIONAL CIRCLE #3500
City-St-Zip: HUNT VALLEY, MD 21030

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT O STEPHENSON

TRES

04/08/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date