

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90001 001 ***150.00

DOCUMENT # F94000004656

1. Entity Name
FILA TRADING, INC.

Principal Place of Business

14114 YORK ROAD
 SPARKS MD 21152
 US

Mailing Address

14114 YORK ROAD
 ATTN: TAX DEPT
 SPARKS MD 21152
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 Filaway

Suite, Apt. #, etc.

City & State

SPARKS, MD

Zip

21152

Country

US

3. Mailing Address

1 Filaway

Suite, Apt. #, etc.

ATTN: Tax DEPT

City & State

SPARKS MD

Zip

21152

Country

US

4. FEI Number **52-1876390**

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	EPSTEIN, JON	
STREET ADDRESS	14114 YORK RD	
CITY-ST-ZIP	SPARKS MD 21152	
TITLE	EVPC	<input type="checkbox"/> Delete
NAME	O'RIORDAN, TOM	
STREET ADDRESS	14114 YORK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SPAGLIARDI, GIORGIO	
STREET ADDRESS	14114 YORK RD	
CITY-ST-ZIP	SPARKS MD 21152	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SEXTON, DONNA	
STREET ADDRESS	14114 YORK ROAD	
CITY-ST-ZIP	SPARKS MD 21152	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VERDI, ALBERTO	
STREET ADDRESS	14114 YORK RD	
CITY-ST-ZIP	SPARKS MD 21152	
TITLE	CVP	<input type="checkbox"/> Delete
NAME	NOLAND, SHARON	
STREET ADDRESS	14114 YORK ROAD	
CITY-ST-ZIP	SPARKS MD 21152	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: George Humphrey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 (410) 773-3000
 Date Daytime Phone #

CR2E034 (10/00)