

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90023 022 \*\*\*558.75

00062750



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F95000000526**

1. Entity Name  
**SCA SUCCESSOR II, INC.**

Principal Place of Business 500. PARK CHARLES BLDG. N. CHARLES ST. TIMORF MD 21201	Mailing Address SUITE 500. PARK CHARLES BLDG. 218 N. CHARLES ST. BALTIMORE MD 21201-4019
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>52-1910458</b>	Applied For <input type="checkbox"/> Not Applicable
Country	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (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, 2000 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	<b>CPT</b> <b>JOSEPH, MARK K</b> <b>218 N CHARLES ST, STE 500</b> <b>BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVG</b> <b>HOBBS, THOMAS R</b> <b>218 N CHARLES ST, STE 500</b> <b>BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILLMAN, ROBERT S</b> <b>SUITE 1400, 7 ST. PAUL ST.</b> <b>BALTIMORE MD 21202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>DUKER, MARILYNN K</b> <b>218 N CHARLES ST, STE 500</b> <b>BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FALCONE, MICHAEL L</b> <b>218 N CHARLES ST STE 500</b> <b>BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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:** Thomas R. Hobbs **REQUIRED** Thomas R. Hobbs, SVP GM 5/26/00 (410) 962-8044  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)