

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90182 019 ***150.00

DOCUMENT # F96000000869



1. Entity Name
MBC NATIONAL SERVICE CORPORATION

Principal Place of Business
**6950 COLUMBIA GATEWAY DR
SUITE #400
COLUMBIA MD 21046
US**

Mailing Address
**6950 COLUMBIA GATEWAY DR
SUITE #400
COLUMBIA MD 21046
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3423645**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVT	<input type="checkbox"/> Delete
NAME	SANFORD, CHARLOTTE A.	
STREET ADDRESS	6666 POWERS FERRY RD, STE. 100	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAZAROFF, DENNIS J.	
STREET ADDRESS	13736 RIVERPORT DRIVE, SUITE 400	
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63043	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CUMMINGS, ANDREW M.	
STREET ADDRESS	666 THIRD AVE 5TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOODY, DENNIS	
STREET ADDRESS	6950 COLUMBIA GATEWAY DR, STE. 400	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	DEMILIO, MARK S	
STREET ADDRESS	6950 COLUMBIA GATEWAY DR, STE. 400	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dennis Moody* **SIGNATURE REQUIRED DENNIS MOODY**

4/14/03

Date Daytime Phone #

CR2E034 (10/02)