

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 25, 2001 8:00 am
Secretary of State

04-26-2001 90234 019 ***150.00

DOCUMENT # F98000003301

1. Entity Name

VIALE INFORMATION SYSTEMS, INC. → ~~CHANGE NAME TO~~
~~VIPS, INC.~~

NOT

C
 F
 ONLY THE ABOVE
 BELOW THANK YOU
 [Signature]
 VIPS, INC.
 5/17/01



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 ONE WEST PENNSYLVANIA AVENUE
 TOWSON MD 21204

Mailing Address
 ONE WEST PENNSYLVANIA AVENUE
 TOWSON MD 21204

2. Principal Place of Business
 3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

4. FEI Number **52-1148364**
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	MORGAN, JENNY G	
STREET ADDRESS	1W PENNSYLVANIA AVE	
CITY-ST-ZIP	TOWSON MD 21204	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEHRER, ARTHUR L	
STREET ADDRESS	1 WEST PENNSYLVANIA AVE	
CITY-ST-ZIP	TOWSON MD 21204	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	AUERBACH, DEBBIE	
STREET ADDRESS	1 W. PENNSYLVANIA AVENUE	
CITY-ST-ZIP	TOWSON MD 21204	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TRAVAGLINI, MARK	
STREET ADDRESS	1 W PENNSYLVANIA AVE	
CITY-ST-ZIP	TOWSON MD 21204	
TITLE	V	<input type="checkbox"/> Delete
NAME	RICE, DAVID	
STREET ADDRESS	1 W. PENNSYLVANIA AVENUE	
CITY-ST-ZIP	TOWSON MD 21204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VCFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glen Steinbach	
STREET ADDRESS	3 Bedwell Court	
CITY-ST-ZIP	Timonium, MD 21093	
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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

410-832-8300

Daytime Phone #

CR2E034 (10/00)