FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F9900000 1313

1. Entity Name

Apr 02, 2002 8:00 am Secretary of State

04-02-2002 90080 040 ***158.75

Grieves Worrall Wi	right ¢ O'He	atnick, Inc.		J								
DO NO	TWRITE	IN THIS S	PAC	E				(1)	ป	91.	i	
2. Principal Place of Business 800 Wyman Park Dr. Suite, Apt. #, etc.		3. Mailing Address 800 Wyman Park Dr. Suite, Apt. J. etc.				DO NOT WRITE IN THIS SPACE						
Suite 300 City & State Baltimore MD		Suite 300 City & State Baltimore MD				4. FEI Number Applied For						
Zip Co	ountry	Zip	Cour	-			icate of Sta) atus Desired	t	×		Not Applicable 75 Additional Required
21211 US	·	21211	US.	A	7.	. Name a	ınd Addre	ss of Curre		• •		•
D O		N 1 3C 1C		Name	CT	Cor	porat	ion S	Sus	sten	n	
	NOT WF			Street A	ddress (P.	.O. Box N	umber is N	lot Accepta	ble)			
(In this space				1200 South Pine Island Rd.								
					CI Zip C						ip Code	
8. The above named entity sub	mits this statement for the	ne purpose of changing its	s register				or both, in t	he State of	Florid			3324
Ø			_			-						
SIGNATURE <u>KETAINED</u> Signature, typed or print	ted name of registered agent and	title if applicable. (NO)	E: Registere	d Agent signau	ure required w	hen reinstatır	ng)			DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May After May 1, Amended to Make Check Payable				s \$550.00 s \$61.25)			Campaign nd Contribu				\$5.00 May Be Added to Fees
11.	OFFICERS AND DI	RECTORS				-						
TITLE PRESIDENT NAME Phistip W Worrall, AIA			TITLE									
STREET ADDRESS 800 Wyman Park Dr. Suite 300				ET ADDRESS								
	mo alali		CIFY	-ST-ZIP -								
NAME RODGET D. O'Hatnick, AIA			NAM									
STREET ADDRESS 800 Wyman Park Dr. Suite 300				ET ADDRESS								
TITLE Secretary Treasurer			TITL!	-ST-ZIP			ر ناوحترا					
NAME MIN & Deed AIA			NAM			. — -						
STREET ADDRESS 800 Nyman Park Dr. Suite 300				ET ADDRESS				NOT	. W	/RI	TF	
TITLE Boltimore	mo aiail		TITLE	-ST-ZIP								
NAME -			NAM		[IN I	HIS	5	PA(•
STREET ADDRESS		,		ET ADDRESS		•					•	
CITY - ST - ZIP			-	-ST-ZIP								
TITLE NAME			TITLE NAM:									
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CITY-ST-ZIP				-ST-ZIP	<u> </u>							
TITLE NAME			NAM									
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CITY-ST-ZIP				·ST-ZIP								
13. I hereby certify that the infor	rnyation supplied with thi	s filing does not qualify fo	r the exe	notion stat	ted in Sectí	ion 119.0	7(3)(i), Flo	rida Statute:	s. I fur	ther cer	tify tha	at the information

indicated on this report or supplied with this limit does not quality to the exemption stated in Section 119.07(3)(), Florida Statutes. Thirther 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR WOLVER 1 3/20/02

410 - 332 - 100 9 Daytime Phone #