



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91773 009 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000001313			
1. Entity Name GRIEVES, WORRALL, WRIGHT & O'HATNICK, INC.			
Principal Place of Business 800 WYMAN PARK DRIVE SUITE 300 BALTIMORE, MD 21211		Mailing Address 800 WYMAN PARK DRIVE SUITE 300 BALTIMORE, MD 21211	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reappointing)</small>		<small>NOTE: Registered Agent's signature required when reappointing</small>	
FILE NOW! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORRALL, PHIL 800 WYMAN PARK DRIVE, SUITE 300 BALTIMORE, MD 21211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WRIGHT, DAVID 800 WYMAN PARK DRIVE, SUITE 300 BALTIMORE, MD 21211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV O'Hatnick, Robert 800 Wyman Park Dr. Suite 300 Baltimore, MD 21211 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REED, ALAN 800 WYMAN PARK DRIVE, SUITE 300 BALTIMORE, MD 21211 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 supplement 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 all other like empowered.			
SIGNATURE: 		Case 3/14/03 Daytime Phone # 410-332-1009	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Case Daytime Phone #	

11040942



CHECK HERE IF MAKING CHANGES

4. FEI Number **52-1706101** Applied For Not Applicable

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

CR2E034 (10/02)