

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90357 040 ****61.25

DOCUMENT # F99000001740

1. Entity Name

SUCCESS FOR ALL FOUNDATION, INC.

Principal Place of Business

Mailing Address

**200 WEST TOWNSTOWN BLVD
 BALTIMORE MD 21204-5200**

**200 WEST TOWNSTOWN BLVD
 BALTIMORE MD 21204-5200**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2061820

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

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.

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 \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	SLAVIN, ROBERT E	
STREET ADDRESS	200 WEST TOWNSTOWN BLVD	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MADDEN, NANCY A	
STREET ADDRESS	200 WEST TOWNSTOWN BLVD	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	STRINGFIELD, KATHLEEN	
STREET ADDRESS	200 WEST TOWNSTOWN BLVD	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARNHOLZ, JOHN	
STREET ADDRESS	200 WEST TOWNSTOWN BLVD	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANEKER, DAVID	
STREET ADDRESS	200 WEST-TOWNSTOWN BLVD	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDLER, HERBERT	
STREET ADDRESS	200 WEST TOWNSTOWN BLVD	
CITY-ST-ZIP	BALTIMORE MD	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 617, 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:

Robert A. Morin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

410-616-2300

Date

Daytime Phone #

CR2E037 (9/99)