

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90082 032 \*\*\*\*61.25

**DOCUMENT # F99000001740**

1. Entity Name

**SUCCESS FOR ALL FOUNDATION, INC.**



Principal Place of Business

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

Mailing Address

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

00010000



CHECK HERE IF MAKING CHANGES

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

SIGNATURE \_\_\_\_\_ (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  
Florida 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	SANDLER, MARION	
STREET ADDRESS	200 WEST TOWNSTOWN BLVD	
CITY-ST-ZIP	TOWSON MD 21204	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDLER, HERBERT	
STREET ADDRESS	200 WEST TOWNSTOWN BLVD	
CITY-ST-ZIP	BALTIMORE MD	

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger A. Morin	
STREET ADDRESS	200 West Townstown Blvd	
CITY-ST-ZIP	Baltimore, MD 21204-5200	
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 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: *[Signature]* **RECORDED**

1-15-03 410-016-2300

CR2E037 (10/02)