2000 UNIFORM BUSINESS REPORT (UBR) FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # F99000002101 1. Entity Name WTWC, INC. 05-18-2000 90306 005 ***150.00 Principal Place of Business Mailing Address 2000 W. 41ST STREET 2000 W. 41ST STREET BALTIMORE MD 21211 BALTIMORE MD 21211-1420 **6003233**7 2. Principal Place of Business 3. Mailing Address 10706 BEAVER DAM RD 10706 BEAVER DAM Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 52-2149163 MÌ Not Applicable Cockeysule OCKEYSSILLE Country Country \$8.75 Additional Certificate of Status Desired 2030-220 21030-2207 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITI F SMITH, DAVID D NAME 10706 BEAVER DAM RO 2000 WEST 41ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCHETSUILLE MD 21030-2207 CITY-ST-ZIP **BALTIMORE MD** TITLE ☐ Delete TITLE AMY, DAVID B NAME NAME STREET ADDRESS 10706 BEAVER DAM RD 2000 WEST 41ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE BALTIMORE MD COCKEYSVILLE MID 24030-2207 Detete -TITLE - Change -- - Addition -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing toes 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 zill other like empowered.

SIGNATURE AND TYPED OR PRINTELINAME OF SIGNING OFFICER

SIGNATURE: