NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Jun 11, 2003 8:00 am Secretary of State 04-28-2003 90094 017 ****50 00 DOCUMENT # M0000000340 1. Entity Name WBCM, LLC Principal Place of Business Mailing Address 849 FAIRMONT AVENUE, SUITE 100 849 FAIRMONT AVENUE. SUITE 100 **BALTIMORE MD 21286** BALTIMORE MD 21286 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 52-2144872 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 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 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAVID G. MONGAN NAME NAME 849 FARIMOUNT AVENUE, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD 21286** CIV Delete MEM ☐ Addition TITLE TITLE THOMAS N. WOOLFOLK NAME NAME C 440 - C - S STREET ADDRESS 849 PAIRMOUNT STREET ADDRESS 849 FAIRMONT AVENUE, SUITE 100 CITY-ST-ZIP **BALTIMORE MD 21288** CITY-ST-ZIP BARTIMONG TITLE Delete TITLE Change Addition W. HOWARD GARRETT JR. NAME NAME STREET ADDRESS 849 FAIRMONT AVENUE, SUITE-190 STREET ADDRESS CITY-ST-ZIP **BALTIMORE MD 21286** CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

MAME

☐ Detete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

☐ Change

Addition

FILED

and of the



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

May 5, 2003

WBCM, LLC 849 FAIRMONT AVENUE, SUITE 100 BALTIMORE, MD 21286

Subject: WBCM, LLC

Reference Number:

M00000000340

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

AL
ANNUAL REPORTS SECTION

PER INSTRUCTIONS UPON DIALING

850-245-6051. MRMBRRS HAYR

BREN CROSSED OUT, ONLY MGRM

REMAINS. Thombo

GRORGE E. NEWHAN

CFO

410-512-4505

Division of Corporations - P.O. BOX 6478 - Tallahassee, Horida 32314