

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90006 033 \*\*\*\*50.00

**DOCUMENT # M98000000584**

1. Entity Name

**THE MEDALLION ADVISORY SERVICES, LLC**

Principal Place of Business

**811 RITCHIE HIGHWAY, SUITE 25  
 SEVERNA PARK MD 21146**

Mailing Address

**611 RITCHIE HIGHWAY, SUITE 25  
 SEVERNA PARK MD 21146**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**52-1995265**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PENROSE, KENNETH R  
 271 53RD CIRCLE  
 VERO BEACH FL 32968**

7. Name and Address of New Registered Agent

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FLOWERS, LORRAINE 40 YORK ROAD, SUITE 230 TOWSON MD 21204</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MILLARD, CARL ANDREW 22C NORTH TRADE ST TYRON NC 28782</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM THUSIUS, ROGER 815 RITCHIE HIGHWAY, SUITE 15 SEVERNA PARK MD</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM REINHART, TERRY 10274 LAKE ARBOR WAY, SUITE 208 MITCHELLVILLE MD 20721</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Howard S. Gartenhaus 9210 Corporate Blvd., Suite 240 Rockville, MD. 20850</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Frederick J. Vetter, III 811 Ritchie Hwy., Suite 25 Severna Park, MD. 21146</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM John J. Cvach 1118 Baldwin Hill Road Jarrettsville, MD. 21084</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:** Frederick J. Vetter, III, V.P.  
**SIGNATURE REQUIRED**

04/12/02 410-544-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)