

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90236 044 ***150.00

DOCUMENT # P0100011013

1. Entity Name

PKG-GP ACQUISITION CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11200 ROCKVILLE PIKE

Suite, Apt. #, etc.

SUITE 220

City & State

ROCKVILLE, MD

Zip

20852

Country

USA

3. Mailing Address

11200 ROCKVILLE PIKE

Suite, Apt. #, etc.

SUITE 220

City & State

ROCKVILLE, MD

Zip

20852

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STEPHEN C. WILHOIT

Street Address (P.O. Box Number is Not Acceptable)

3801 PGA BLVD.

SUITE 700

City

PALM BEACH GARDENS, FL

Zip Code

33410

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C/CEO
NAME	STEVEN D. LOCKSHIN
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 220
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	P/S/T/D
NAME	ANDREW PUTTERMAN
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 220
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	D
NAME	STEPHEN C. WILHOIT
STREET ADDRESS	3801 PGA BLVD, SUITE 700
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	V
NAME	MATTHEW E. PETERSON
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 220
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	V
NAME	DAVID R. ZIER
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 220
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen C. Wilhoit, **STEPHEN C. WILHOIT** 4-25-02 561-630-2169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)