

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90012 042 ***150.00

DOCUMENT # 439982

1. Entity Name

GOVERNOR'S SQUARE, INC.

Principal Place of Business

Mailing Address

**10275 LITTLE PATUXENT PARKWAY
 COLUMBIA MD 21044**

**ROUSE COMPANY
 % TAX DEPART. 10275 LITTLE PATUXENT PKWY
 COLUMBIA MD 21044**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-0985629

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	HULLINGER, ELIZABETH A	
STREET ADDRESS	10275 LTL PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RIVERS, GARY M.	
STREET ADDRESS	10275 LITTLE PATUZENT PK	
CITY-ST-ZIP	COLUMBIA MA	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DONAHUE, JEFFREY H	
STREET ADDRESS	10275 LTL PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA, MD 00000	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	YUNGMANN, GEORGE L	
STREET ADDRESS	10275 LTL PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEERING, ANTHONY W.	
STREET ADDRESS	10275 LTL PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGREGOR, DOUGLAS A	
STREET ADDRESS	10275 LTL PATUXENT PKWY	
CITY-ST-ZIP	COLUMBIA, MD 00000	

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 checked="" type="checkbox"/> Addition
NAME	VP MELANIE M. LUNDQUIST	
STREET ADDRESS	10275 LITTLE PATUXENT PARKWAY	
CITY-ST-ZIP	COLUMBIA, MARYLAND, 21044	
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		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)