

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 439982

1. Entity Name

GOVERNOR'S SQUARE, INC.

Principal Place of Business

10275 LITTLE PATUXENT PARKWAY
C/O TAX DEPOT
COLUMBIA MD 21044

Mailing Address

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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, 2001 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

TITLE VP
NAME HULLINGER, ELIZABETH A
STREET ADDRESS 10275 LTL PATUXENT PKWY
CITY-ST-ZIP COLUMBIA MD ☐ Delete

TITLE VP
NAME RIVERS, GARY M.
STREET ADDRESS 10275 LITTLE PATUZENT PK
CITY-ST-ZIP COLUMBIA MA ☐ Delete

TITLE VT
NAME DONAHUE, JEFFREY H
STREET ADDRESS 10275 LTL PATUXENT PKWY
CITY-ST-ZIP COLUMBIA, MD 00000 ☐ Delete

TITLE VP
NAME LUNDQUIST, MALANIE M
STREET ADDRESS 10275 LTL PATUXENT PKWY
CITY-ST-ZIP COLUMBIA MD 21044 ☐ Delete

TITLE P
NAME DEERING, ANTHONY W.
STREET ADDRESS 10275 LTL PATUXENT PKWY
CITY-ST-ZIP COLUMBIA MD ☐ Delete

TITLE VP
NAME MCGREGOR, DOUGLAS A
STREET ADDRESS 10275 LTL PATUXENT PKWY
CITY-ST-ZIP COLUMBIA, MD 00000 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Elizabeth A. Hullinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01
Date

410492-6000
Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90063 035 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0985629
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (10/00)