FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State
05-03-1999 90015 016 ***150.00

DOCUMENT # 572186

1. Corporation Name
SHCM HOLDINGS, INC.

Principal Place of Business	Mailing Address
10065 RED RUN BLVD. OWINGS MILLS MD 21117	10065 RED RUN BLVD. OWINGS MILLS MD 21117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/17/1978

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-1830507 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOV	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	SWAIN, W S		1.2 NAME	Taylor Pickett	
STREET ADDRESS	6000 MEADOWBROOK MALL 200		1.3 STREET ADDRESS	10065 Red Run Blvd	
CITY-ST-ZIP	CLEMMONS NC 27012		1.4 CITY-ST-ZIP	Owings Mills MD 21117	
TITLE	P	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	HERZOG, LAVERNE P		2.2 NAME	Mark Fulchino	
STREET ADDRESS	689 DELTONA BLVD		2.3 STREET ADDRESS	10065 Red Run Blvd	
CITY-ST-ZIP	DELTONA FL 32725		2.4 CITY-ST-ZIP	Owings Mills MD 21117	
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	MUENCHOW, M R		3.2 NAME	Robert Stephenson	
STREET ADDRESS	6000 MEADOWBROOK MALL 200		3.3 STREET ADDRESS	10065 Red Run Blvd	
CITY-ST-ZIP	CLEMMONS NC 27012		3.4 CITY-ST-ZIP	Owings Mills MD 21117	
TITLE	S	☒ DELETE	4.1 TITLE	S/D	☐ Change ☒ Addition
NAME	HUTCHINS, FAYE J		4.2 NAME	Marc B. Levin	
STREET ADDRESS	6000 MEADOWBROOK MALL 200		4.3 STREET ADDRESS	10065 Red Run Blvd	
CITY-ST-ZIP	CLEMMONS NC 27012		4.4 CITY-ST-ZIP	Owings Mills MD 21117	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Marshall A. Elkins	
STREET ADDRESS			5.3 STREET ADDRESS	10065 Red Run Blvd	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Owings Mills, MD 21117	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Fulchino SIGNATURE REQUIRED 4/6/99 410-998-8578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #