FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State

| DOC 1. Entity N | UMENT # 830151 | | | | | | 05-02 | 2-2002 901 | 17 008 | ***150.00 |
|-------------------------------|---|--|--------------------|-------------------------------|---------------------------------|--|-----------------------------------|-----------------------------------|---------------------|---------------------------|
| 1 | ASSOCIATES, INC. | 1 | | - | | | | | | |
| | | . 0 | | | | | | | | |
| | DO NOT WRITE | IN THIS SE | PAC | Έ | , | | | | | |
| | al Place of Business | 3. Mailing Address | · | | | | | | | |
| Suite. A | Outh Street pt. #, etc. | One South Str | <u>eet</u> | | | | DO NOT W | RITE IN THIS | SPACE | |
| City & S Baltin | state More MD | City & State Baltimore MD | | | 4. FI | El Numbe | 04060 | | | Applied For |
| 21202 | USA | 21202 | Count | ту | | | 84069 of Status Desire | | \$8.75 | Not Applicable Additional |
| | | | _03A [| <u> </u> | <u>=</u> | | dress of Curre | | Fee Requ | |
| | DO NOT W | **** | | Name C | | | | | Agont | |
| DO NOT WRITE IN THIS SPACE | | | | Street Add | dress (P.O. Bo | orporation Systemin P.O. Box Number is Not Acceptable) The Island Road | | | | |
| | | | | City F | Plantati | i on | | | Zip Co | ode |
| 8. The above | ve named entity submits this statement for | the purpose of changing its re | egistered | | | | in the State of | FL | 3332 | 24 |
| SIGNATURE | | | | | required when reins | | , artific State () | | | |
| 9. This corp | poration is eligible to satisfy its Intangible | January 1 - Ma | v.i1₅ Fee | is \$150.0 | 00'. | នជាប់កច្បា | | DATE | | |
| Tax filing (See crite | g requirement and elects to do so. | After May 1 Amended Make Check Payable | Fee Is | \$550.00 3 \$61.25 | | 10. Elect Trust | ion Campaign I Fund Contribut | inancing ion. | \$5. Addi | .00 May Be ed to Fees |
| TITLE . | OFFICERS AND DI | RECTORS | | | | | | | | |
| NAME | Adams, Harold L. | | TITLE | | | | | | | |
| STREET ADDRESS | One South Street | | | ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | Baltimore MD 21202 | | CitA-2 | T-ZIP | | | | • . | | |
| NAME. | VD | | TITLE | | | | | | | 2.1 |
| STREET ADDRESS | Josal, Lance K | | NAME STREET | ADDRESS | | | | | | - 1 |
| CITY-ST-ZIP | 2828 Routh Street Dallas IX 75201 | | CITY-ST | I | | | | | | |
| FITLE | PD | | TITLE | | | | | | | |
| NAME STREET ADDRESS | Hudson Dayid J One South Street | | NAME | ŀ | | | | | | |
| CITY-ST-ZIP | Baltimore MD 21202 | | STREET / | ADDRESS | | DO | NOT | WRIT | | .] |
| ITLE | VS Z1Z0Z | | | · 21F | | | | | <u> </u> | |
| AME | McIntire, Robert | | , TITLE • NAME | | | IN | THIS | SPAC | E | |
| TREET ADDRESS | One South Street Baltimore MD 21202 | | STREET A | ADDRESS | | 3 | | | , | |
| ITY-ST-ZIP | VDT 21202 | | CITY-ST- | -ZIP | | | - | . +5 | | 17.5 |
| TLE AME | Moreland, Kenneth V. | • | TITLE | . [| <u>-</u> | | | ъ. | | |
| TREET ADDRESS | One South Street | | NAME 'STREET A | DDDCCC . | | | | • | | , , |
| ITY-ST-ZIP | Baltimore MD 21202 | | -CITY-ST- | | | , | | A, | | 2 27 |
| TEE , | VD | | TITLE | | | | | * \$ | <u></u> | |
| AME Treet address | Jacob, Paul F. | · · . | NAME | | • | | | | | |
| ITY-ST-ZIP | 333 S. Hope Street Los Angeles CA 90071 | | STREET A | | | | | | | ` |
| 3. I hereby c | office that the information consults a vite at | CU. | · CITY-ST- | | | | · | | | |
| | certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower that the production of the receiver or trustee empower that the production of the receiver or trustee empower that the production of the receiver or trustee. | | exempt Ignature | uon stated ir shall have l | n Section 119. The same lega | 07(3)(I), F. Leffect as | lorida Statutes. if made under | I further certify path; that I am | that the in | aformation or director |
| attachmer | poration or the receiver or trustee empower of with an address, with all other like empower | vered. | s require | a by Chapte | er 607, Florida | Statutes: | and that my na | me appears ir | Block 11 | or on an |

Robert A. McIntire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

410-528-8600

Daytimo Phone £

SIGNATURE: