

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849274

1. Entity Name

CLARK ENTERPRISES, INC. OF MARYLAND

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

04-26-2000 90135 032 ***150.00

Principal Place of Business

Mailing Address

7500 OLD GEORGETOWN RD.
15TH FLOOR
BETHESDA MD 20814-6195

7500 OLD GEORGETOWN RD.
15TH FLOOR
BETHESDA MD 20814-6133

720119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0962770

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 DC ☐ Delete
NAME CLARK, A.J.
STREET ADDRESS 7500 OLD GEORGETOWN RD.
CITY-ST-ZIP BETHESDA MD 20814

TITLE S ☐ Delete
NAME PUMPHREY, CONNIE B
STREET ADDRESS 7500 OLD GEORGETOWN RD.
CITY-ST-ZIP BETHESDA MD 20814

TITLE PTD ☐ Delete
NAME NUSSDORF, L.C.
STREET ADDRESS 7500 OLD GEORGETOWN RD.
CITY-ST-ZIP BETHESDA MD 20814

TITLE VSAT ☐ Delete
NAME GARCHIK, S.R.
STREET ADDRESS 7500 OLD GEORGETOWN RD
CITY-ST-ZIP BETHESDA MD 20814

TITLE V ☐ Delete
NAME FLANAGAN, R. J.
STREET ADDRESS 7500 OLD GEORGETOWN RD
CITY-ST-ZIP BETHESDA MD 20814

TITLE D ☐ Delete
NAME PASTRICK, C.C.
STREET ADDRESS 7500 OLD GEORGETOWN RD
CITY-ST-ZIP BETHESDA MD 20814

TITLE V ☐ Change ☒ Addition
NAME Klatzkin, Terri D.
STREET ADDRESS 7500 Old Georgetown Rd
CITY-ST-ZIP Bethesda, MD 20814

TITLE V ☐ Change ☒ Addition
NAME Owen, Rebecca L.
STREET ADDRESS 7500 Old Georgetown Rd
CITY-ST-ZIP Bethesda, MD 20814

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

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

TITLE DEV ☒ 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence C. Nussdorf

4/20/00

Date

301-657-7157

Daytime Phone #