2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

849274 **DOCUMENT #**

1. Entity Name

CLARK ENTERPRISES, INC. OF MARYLAND



FILED Jan 31, 2003 8:00 am **Secretary of State**

01-31-2003 90113 013 ***150.00

GOD WE THE	
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Principal Place of Business 7500 OLD GEORGETOWN RD. 15TH FLOOR BETHESDA MD 20814-6195			Mailing Address 7500 OLD GEORGETOWN RD. 15TH FLOOR BETHESDA MD 20814-6195										
2. Principal F	Place of Busin	ess	3. Mai	ling Address						191 9191) 9 19	11 1 11111 111111111111111111111111111	11811 B1811 1881	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FE	El Number 52-0962770		_ 	pplied For	
Zip Country				Zip Count				5. Co	ertificate of Status Desired		8.75 Add		
	6. Name	and Address of Current	Registered Agent					7. Na	ame and Address of New Reg	ress of New Registered Agent			
-			·	rus Vigner en en en	s=	Name		• на			•		
		TICE COMPANY		Street Addres				(P.O. Box Number is Not Acceptable)					
	'S STREET	•••											
IALLAHA	SSEE FL 32	301											
							City			FL	Zip Cod	le	
	named entity ions of regist		the purp	ose of changing its	registere	d office or	r registere	d ager	nt, or both, in the State of Florid	a. I am fa	miliar with,	and accept	
OIGHAI OILE	Signature, typed	or printed name of registered agent a	nd title if app	licable. (NOTE	: Registered	1 Agent signat	ure required w	vhen rein	stating)	DATE			
After	May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State				<u>.</u>		9. Election Campaign Finan- Trust Fund Contribution.	cing		00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO		11.		V	ADD	DITIONS/CHANGES TO OFFICE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		J. Georgetown Rd. AMD 20814		Delete			Kla + 1		n, Terri D. 19 Georgefown Roa 2, MD 20814	i d	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7500 OLD	Y, CONNIE B GEORGETOWN RD. AMD 20814		☐ Delete			UAS OWEV 7500	1, R	ebecca L. Id Georgetown Ro a, MD 20814		☐ Change	⊠ Addition	
TITLE Name Street address City-St-Zip		F, L.C. GEORGETOWN RD. MD 20814	··· .	Delete _						- ~,	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S.R. GEORGETOWN RD MD 20814		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N, R. J. GEORGETOWN RD NMD 20814		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTRICK 7500 OLD	·····		☐ Delete						(Change	Addition	

12. 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: