2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 849468** May 24, 2000 8:00 am Secretary of State THE RYLAND GROUP, INC. 05-24-2000 90155 038 ***150.00 Principal Place of Business Mailing Address 11000 BROKEN LAND PKWY 11000 BROKEN LAND PKWY COLUMBIA MD 21044 COLUMBIA MD 21044-3541 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 52-0849948 Not Applicable Zip Country \$8.75 Additional Country Zin 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent المارينيوسان والمهيوسيوسان PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State We have a 12 to OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. S.C. Calman State As Addition ☐ Change TITLE ☐ Delete TITLE GECKLE, TIMOTHY J NAME NAME STREET ADDRESS STREET ADDRESS 11000 BROKEN LAND PKWY CITY-ST-ZIP CITY-ST-ZIP COLUMBIA MD 21044 TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME DREIER, R. CHAD STREET ADDRESS STREET ADDRESS 11000 BROKEN LAND PKWY CITY-ST-ZIP CITY-ST-ZIP **COLUMBIA MD 21044 Addition** ☐ Change **⊠**Delete TITLE TIT1 F NAME HAASE, BRUCE N 21800 Burbann Blud # 300 STREET ADDRESS STREET ADDRESS 11000 BROKEN LAND PKWY CITY-ST-ZIP CITY-ST-ZIP COLUMBIA MD 21044 ☐ Addition ☐ Delete TITLE AT TITL F MENTCH, RENE L NAME NAME STREET ADDRESS STREET ADDRESS 11000 BROKEN LAND PKWY CITY-ST-ZIP CITY-ST-ZIP COLUMBIA MD 21044 V is substituted in the con-TITI F Change ■ Addition TITLE Delete NAME NAME MANGAN, MICHAEL D. STREET ADDRESS STREET ADDRESS 11000 BROKEN LAND PKWY CITY-ST-7IP CITY-ST-ZIP COLUMBIA MD 21044 TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS 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 others ke empowered.

SIGNATURE:

CICNATURE AND TYPETODE RENITED HAVE OF CICNING OFFICER OF DIRECTOR

S/1/2000

410-715-7000

Daytime Phone #

CR2E034 9/99