2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 856230

Entity Name: UNITED TOTE COMPANY

BROWN, SARA B

RENO, NV 89511

9295 PROTOTYPE DRIVE

Name:

Address:

City-St-Zip:

FILED May 02, 2003 Secretary of State

Littly Nai	ile. ONITED I	OTE COMPANT				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
9515 DEERECO ROAD SUITE 200 TIMONIUM, MD 21093 US		11505 SUSQUEHANNA TRAIL GLEN ROCK, PA 17327 US				
Current M	ailing Address	: :	New Maili	New Mailing Address:		
				11505 SUSQUEHANNA TRAIL GLEN ROCK, PA 17327 US		
FEI Number:	81-0365105	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of Co	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	SSEE, FL 3230 named entity s		urpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Ager	nt		Date	
	npaign Financing S AND DIRECT	Trust Fund Contribution ().	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VCOO (X) O'KEEFE, KEVIN 9515 DEERECO TIMONIUM, MD	RD STE 200	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	FULLER, DON R 9515 DEERECO		Title: Name: Address: City-St-Zip:	MATTHEWS, T	PALMS AIRPORT DRIVE	
Title: Name: Address: City-St-Zip:	DVPS () I MURPHY, JOSE 1085 PALMS AIF LAS VEGAS, NV	RPORT DRIVE	Title: Name: Address: City-St-Zip:	DVS (X) MURPHY, JOSI 1085 PALMS A LAS VEGAS, N	IRPORT DRIVE	
Title:	TD ()	Delete	Title:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS J. MATTHEWS DP 05/02/2003