

# 2001 UNIFORM BUSINESS REPORT (UBR)

**18192**  
0577135

**DOCUMENT # F00000000193**

1. Entity Name

**PERSONAL PERFORMANCE CONSULTANTS, INC.**

**FILED**

**01 APR 30 PM 12:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046</b>		Mailing Address <b>6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>43-1226328</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STONE, DAVID B</b> <b>6950 COLUMBIA GATEWAY DRIVE, SUITE 400</b> <b>COLUMBIA MD 21046</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Dennis Moody</b> <b>6950 Columbia Gateway Drive, Ste 400</b> <b>Columbia, MD 21046</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HITTMAN, SANDRA M SR.</b> <b>6950 COLUMBIA GATEWAY DRIVE, SUITE 400</b> <b>COLUMBIA MD 21046</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>SANFORD, CHARLOTTE A</b> <b>6950 COLUMBIA GATEWAY DRIVE, SUITE 400</b> <b>COLUMBIA MD 21046</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900004090823-0</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LAZAROFF, DENNIS J</b> <b>6950 COLUMBIA GATEWAY DRIVE, SUITE 400</b> <b>COLUMBIA MD 21046</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RISTAU, CHARLES M</b> <b>6950 COLUMBIA GATEWAY DRIVE, SUITE 400</b> <b>COLUMBIA MD 21046</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP&amp;AS</b> <b>Marks Demilio</b> <b>6950 Columbia Gateway Drive, Ste 400</b> <b>Columbia MD 21046</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>SPIEGEL, SUSAN C</b> <b>6950 COLUMBIA GATEWAY DRIVE, SUITE 400</b> <b>COLUMBIA MD 21046</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marks Demilio, Vice President 4/24/01**

Date

Daytime Phone #

CR2E034 (10/00)

18292



ACCOUNT NO. : 072100000032

REFERENCE : 131817 5028257

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pzyt*

ORDER DATE : April 27, 2001

ORDER TIME : 9:40 AM

ORDER NO. : 131817-020

CUSTOMER NO: 5028257

CUSTOMER: Ms. Maria Ayub  
Magellan Health Services, Inc.  
6950 Columbia Gateway Drive  
Suite 400  
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: PERSONAL PERFORMANCE  
CONSULTANTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS:

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 APR 30 AM 10:43  
NOT RECORDED  
TO AGENCY  
SUFFICIENCY OF FILING