2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am Secretary of State F00000005562 DOCUMENT # 1. Entity Name ASBURY INVESTMENTS, INC. 05-17-2002 90006 031 ***150.00 Principal Place of Business Mailing Address 201 RUSSELL AVENUE 201 RUSSELL AVENUE **GAITHERSBURG MD 20877** GAITHERSBURG MD 20877 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 52-1708574 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Name F & L CORP. Street Address (P.O. Box Number is Not Acceptable) 200 LAURA STREET JACKSONVILLE FL 32202 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 piece salapited and TITI F ■ Delete TITLE ☐ Change ☐ Addition THOMAS EDWIN C III NAME NAME 201 RUSSELL AVENUE STREET ADDRESS STREET ADDRESS GAITHERSBURG MD 20877 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition KAPLAN, PEGGY C ESQUIRE NAME NAME 201 RUSSELL AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7/P **GAITHERSBURG MD 20877** CITY-ST-7IP ☐ Delete P and T x Change ☐ Addition BRADSHAW, LAWRENCE B NAME ' NAME 201 RUSSELL AVENUE STREET ADDRESS STREET ADDRESS **GAITHERSBURG MD 20877** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition ROSBOROUGH, JAMES F JR M.D. NAME 14429 PETTIT WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POTOMAC MD 20854 CITY-ST-7IP and the second second ☐ Delete TITLE **K** Change ☐ Addition **EOOK, DANIEL** NAME Look, Daniel STREET ADDRESS 2862 JOHNSON FERRY ROAD STREET ADDRESS MARIETTA GA 30062-5635 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MILLER, JERRY ESQ. NAME

13. Thereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

6404 IVY LANE, SUITE 400

GREENBELT MD 20770

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC