

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90071 013 \*\*\*150.00

0621757 AT

**DOCUMENT # F02000004704**

1. Entity Name  
**CONSTELLATION ENERGY SOURCE, INC.**



Principal Place of Business  
~~750 EAST PRATT STREET, 5TH FLOOR~~  
**BALTIMORE MD 21202**

Mailing Address  
~~750 EAST PRATT STREET, 5TH FLOOR~~  
**BALTIMORE MD 21202**



2. Principal Place of Business  
**750 E. Pratt Street**

3. Mailing Address  
**750 E. Pratt Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1308340**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**C-T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PCD-</del> <b>BRADY, THOMAS F</b> <del>750 EAST PRATT STREET, 5TH FLOOR</del> <b>BALTIMORE MD 21202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>S</del> <b>LEVY, DONNA M</b> <del>750 EAST PRATT STREET, 5TH FLOOR</del> <b>BALTIMORE MD 21202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>T</del> <b>MOELLER, PAUL</b> <del>7133 RUTHERFORD ROAD, SUITE 401</del> <b>BALTIMORE MD 21244</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <b>JAROSINKSI, GREGORY</b> <del>7133 RUTHERFORD ROAD, SUITE 401</del> <b>BALTIMORE MD 21244</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>AsstSec</del> <b>AsstSec</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ronald D. Byrd</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCOB</b> <b>750 E. Pratt Street</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>750 E. Pratt Street</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>750 E. Pratt Street</b> <b>Baltimore, MD 21202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPCEO</b> <b>750 E. Pratt Street</b> <b>Baltimore, MD 21202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AsstSec</b> <b>Ronald D. Byrd</b> <b>750 E. Pratt Street</b> <b>Baltimore, MD 21202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna M. Levy, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-03**

Date

410-783-3076

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT A

Constellation Energy Source, Inc.

OFFICERS AND DIRECTORS

<u>Name</u>	<u>Position</u>	<u>Business Address</u>
Thomas F. Brady	Director & COB	750 E. Pratt Street Baltimore, MD 21202
Gregory S. Jarosinski	Director, President & CEO	750 E. Pratt Street Baltimore, MD 21202
Ronald D. Byrd	Assistant Secretary	750 E. Pratt Street Baltimore, MD 21202
<del>Donna M. Levy</del>	<del>Secretary</del>	<del>750 E. Pratt Street</del> Baltimore, MD 21202
Paul J. Moeller	Treasurer	750 E. Pratt Street Baltimore, MD 21202