

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90462 001 ***150.00
04-30-2003 90462 002 *****8.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

55033691

DOCUMENT # F02000006063					
1. Entity Name RESIDENTIAL REALTY GROUP, INC.					
Principal Place of Business 3600 CRONDALL LANE, SUITE 103 OWINGS MILLS, MD 21117		Mailing Address 3600 CRONDALL LANE, SUITE 103 OWINGS MILLS, MD 21117			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1594210	Applied For ☐ Not Applicable
				5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GLASSER, CRAIG ESQ C/O HAGEN & HAGEN, PA 3631 GRIFFIN RD. FORT LAUDERDALE, FL 33312				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)					
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	CV	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MAGILL, JOAN		NAME		
STREET ADDRESS	72 RIVER OAKS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21208		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HOOD, LOUISE J		NAME		
STREET ADDRESS	4145 LONDON BRIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SYKESVILLE, MD 21784		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BAUMEL, JODI		NAME		
STREET ADDRESS	406 VIOLA COURT		STREET ADDRESS		
CITY-ST-ZIP	BELAIR, MD 21015		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 empowerments.					
SIGNATURE: <i>Joan Magill</i> as VP 4/27/03 410-654-4444					
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR					

CR2B034 (10/02)