

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/23/2007-90041-045-\$61.25-\$61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 21 PM 1:08

DOCUMENT # F05000001763

1. Entity Name
USI CHARITABLE FOUNDATION, INCORPORATED



Principal Place of Business
ONE USI PLAZA
ANNAPOLIS, MD 21401

Mailing Address
ONE USI PLAZA
ANNAPOLIS, MD 21401

DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
52-2078325

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
LAMM, MARIE
ONE USI PLAZA
ANNAPOLIS, MD 21401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPVC
WENTWORTH, KAREN
ONE USI PLAZA
ANNAPOLIS, MD 21401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HOWARD, MICHELE
ONE USI PLAZA
ANNAPOLIS, MD 21401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: Marie Lamm, Chairman President 02/13/07 410 263 7836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone