2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003031

Entity Name: VERITAGE MANAGEMENT, INC

FILED Mar 30, 2009 Secretary of State

	VE/(17/0	E WATER TO THE CONTRACT OF THE						
Current Principal Place of Business:				New Principal Place of Business:				
8171 MAPLE LAWN BOULEVARD SUITE 375 FULTON, MD 20759				8171 MAPLE LAWN BOULEVARD SUITE 375 FULTON, MD 20759 US				
Current Mailing Address:				New Mailing Address:				
8171 MAPLE LAWN BOULEVARD SUITE 375 FULTON, MD 20759				8171 MAPLE LAWN BOULEVARD SUITE 375 FULTON, MD 20759 US				
FEI Number: 2	26-2918047	FEI Number Applied For ()	FEI Nur	mber Not Appli	cable ()	Certificate of Status Desi	red (X)	
Name and	Address of C	urrent Registered Agent:		Name and	Address of	f New Registered Agent	:	
1201 HAYS TALLAHAS: The above r in the State	STREET SEE, FL 3230 named entity s of Florida.	CE COMPANY 012525 US submits this statement for the p	urpose d	of changing it	s registered	d office or registered agen	t, or both,	
SIGNATUR		ic Signature of Registered Age	nt			 Date		
Election Cam		Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SHREVE, CHRI	AWN BOULEVARD, SUITE 375		Title: Name: Address: City-St-Zip:	HOUEN, AND	(X) Change () Addition DREW PRES ELAWN BOULEVARD, SUITE 3 O 20759	575	
Title: Name: Address: City-St-Zip:	ACKER, MARY	AWN BOULEVARD, SUITE 375		Title: Name: Address: City-St-Zip:	SHREVE, CH	(X) Change () Addition HRISTINE VP E LAWN BOULEVARD, SUITE 3) 20759	75	
Title: Name: Address: City-St-Zip:	HOUEN, SANDF	AWN BOULEVARD, SUITE 375		Title: Name: Address: City-St-Zip:	LUNDSTRON	LAWN BOULEVARD, SUITE 3	75	
Title: Name: Address: City-St-Zip:	HUBER, JUDY	Delete AWN BOULEVARD, SUITE 375 0759		Title: Name: Address: City-St-Zip:	HUBER, JUD	ELAWN BOULEVARD, SUITE 3	75	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SNYDER, DO	E LAWN BOULEVARD, SUITE 3	375	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA SNYDER VP 03/30/2009