

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000889

1. Entity Name

EDWARD E. THORPE & COMPANY

Principal Place of Business

3859 FARRAGUT AVE.
KENSINGTON MD 20895

Mailing Address

3859 FARRAGUT AVE.
KENSINGTON MD 20895

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DAYS, DAVID E
1900 NW 187 TERRACE
MIAMI FL 33056

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> Delete
NAME	THORPE, EDWARD E	
STREET ADDRESS	10214 CONOVER DR.	
CITY-ST-ZIP	SILVER SPRING MD 20902	
TITLE	DVCS	<input type="checkbox"/> Delete
NAME	THORPE, CONSTANCE M	
STREET ADDRESS	10214 CONOVER DR.	
CITY-ST-ZIP	SILVER SPRING MD 20902	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOAN, W. ROGERS	
STREET ADDRESS	3317 DUKE ST.	
CITY-ST-ZIP	ALEXANDRIA VA 22314	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, RONALD W	
STREET ADDRESS	3710 17TH STREET, NE	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ECHOLS, RONNIE W	
STREET ADDRESS	110 FORESTDALE DR.	
CITY-ST-ZIP	DANVILLE VA 24540	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THORPE, CONSTANCE M	
STREET ADDRESS	10214 CONOVER DR.	
CITY-ST-ZIP	SILVER SPRING MD 20902	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Constance M. Thorpe

Constance M. Thorpe

04/23/01

(301) 933-3671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90356 023 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1261036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

0443964