FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 02 AM 9:51

DOCUMENT # F93000001162 (7)

1. Corporation Name
UC CORPORATION OF MARYLAND

Principal Place of Business	Mailing Address
106 OLD CT. RD. STE. 203 BALTIMORE MD 21208 US	106 OLD CT. RD. STE. 203 BALTIMORE MD 21208 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1993
3a. Date of Last Report: 06/17/1994

2. Principal Place of Business — 21: 106 Old Court Rd.
2a. Mailing Address — 26: 106 Old Court Road
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 52-1688052 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MONSON, RONALD D
14499 N. DALE MABRY
STE. 139
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0327 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
10 TITLE	CP	11 TITLE	☐ Change ☐ Addition
10 NAME	JOSEPH, EDWIN A II	12 NAME	
10 STREET ADDRESS	808 PARK PLACE	13 STREET ADDRESS	
10 CITY-ST-ZIP	HAMPTON VA 23661	14 CITY-ST-ZIP	
20 TITLE	VCVP	21 TITLE	☐ Change ☐ Addition
20 NAME	OLETSKY, PACY	22 NAME	
20 STREET ADDRESS	2321 VELVET RIDGE DRIVE	23 STREET ADDRESS	
20 CITY-ST-ZIP	OWINGS MILLS MD 21117	24 CITY-ST-ZIP	
30 TITLE	DT	31 TITLE	☐ Change ☐ Addition
30 NAME	JOSEPH, JAMES R	32 NAME	
30 STREET ADDRESS	66 SHENANDOAH ROAD	33 STREET ADDRESS	
30 CITY-ST-ZIP	HAMPTON VA 23661	34 CITY-ST-ZIP	
40 TITLE	SD	41 TITLE	☐ Change ☐ Addition
40 NAME	GARTNER, HOWARD	42 NAME	
40 STREET ADDRESS	2 SPRUCE COURT	43 STREET ADDRESS	
40 CITY-ST-ZIP	OWINGS MILLS MD 21117	44 CITY-ST-ZIP	
50 TITLE		51 TITLE	☐ Change ☐ Addition
50 NAME		52 NAME	
50 STREET ADDRESS		53 STREET ADDRESS	
50 CITY-ST-ZIP		54 CITY-ST-ZIP	
60 TITLE		61 TITLE	☐ Change ☐ Addition
60 NAME		62 NAME	
60 STREET ADDRESS		63 STREET ADDRESS	
60 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I HEREBY CERTIFY that the information supplied with this report, voluntarily furnished and/or required for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual 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 12 or Block 13 with an address.

SIGNATURE: [signature] HOWARD GARTNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/95 DATE (410) 602-4510 DAYTIME PHONE NUMBER

0307402 FP