

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003247

1. Entity Name

SCA SUCCESSOR, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90020 025 ***558.75

Principal Place of Business

Mailing Address

218 NORTH CHARLES ST.
SUITE 500
BALTIMORE MD 21201

218 NORTH CHARLES ST.
SUITE 500
BALTIMORE MD 21201-4019

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

52-1618429

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	CARLSON, GARRETT G	
STREET ADDRESS	1330 GALLEON DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	JOSEPH, MARK K	
STREET ADDRESS	218 N. CHARLES ST., STE. 500	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	DUKER, MARILYNN K	
STREET ADDRESS	218 N. CHARLES ST., STE. 500	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	SYSM	<input type="checkbox"/> Delete
NAME	HOBBS, THOMAS R	
STREET ADDRESS	218 NORTH CHARLES STREET, SUITE 500	
CITY-ST-ZIP	BALTIMORE MD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark K. Joseph	
STREET ADDRESS	218 N. Charles Street, Ste. 500	
CITY-ST-ZIP	Baltimore, MD 21201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPA <i>like</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael L. Falcone	
STREET ADDRESS	218 N. Charles Street, Ste. 500	
CITY-ST-ZIP	Baltimore, MD 21201	
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

Thomas R. Hobbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED Thomas R. Hobbs, Secretary 5/26/00 (410) 962-8044

Date

Daytime Phone #

CR2E034 (9/99)