2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # F9400000822 May 24, 2000 8:00 am Secretary of State 1. Entity Name SUSA MANAGEMENT, INC. 05-24-2000 90138 029 ***150.00 Principal Place of Business Mailing Address 10440 LITTLE PATUXENT PARKWAY 10440 LITTLE PATUXENT PARKWAY **SUITE 1100** SUITE 1100 COLUMBIA MD 21044-3572 COLUMBIA MD 21044 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FFI Number City & State City & State 52-1862074 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition AS ☐ Delete TITLE Change TITLE NAME **BUCK, DONNA** NAME STREET ADDRESS STREET ADDRESS 10440 LITTLE PATUXENT PKWY, #1100 CITY-ST-ZIP CiTY-ST-7/P **COLUMBIA MD 21044** TREASURER/ASSISTANT SECRETARY X Change ☐ Addition ☐ Delete TITLE TITLE MARR, CHRISTOPHER P NAME NAME STREET ADDRESS STREET ADDRESS 10440 LITTLE PATUXENT PKWY, #1100 165 MADISON AVENUE, SUITE 1300 CITY-ST-ZIP CITY-ST-ZIP COLUMBIA MD 21044 MEMPHIS, IN 38103 ■ Addition Change TITLE ☐ Delete JERNIGAN, DEAN NAME NAME STREET ADDRESS STREET ADDRESS 165 MADISON AVE. SUITE 1300 CITY-ST-ZIP CITY-ST-ZIP **MEMPHIS TN 38103** X Addition SECRETARY ☐ Change □ Delete TITLE NAME JOHN MOCONOMY 165 MADISON AVENUE, SUITE 1300 STREET ADDRESS STREET ADDRESS MEMPHIS, IN 38103 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.