

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90093 009 ***150.00

DOCUMENT # F94000000822

1. Entity Name

SUSA MANAGEMENT, INC.

Principal Place of Business

**10440 LITTLE PATUXENT PARKWAY
 SUITE 1100
 COLUMBIA MD 21044**

Mailing Address

**10440 LITTLE PATUXENT PARKWAY
 SUITE 1100
 COLUMBIA MD 21044**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10440 LITTLE PATUXENT PKWY

Suite, Apt. #, etc.

SUITE 700

3. Mailing Address

10440 LITTLE PATUXENT PKWY

Suite, Apt. #, etc.

SUITE 700

City & State
COLUMBIA, MD

City & State
COLUMBIA, MD

4. FEI Number

52-1862074

Applied For

Not Applicable

Zip
21044

Country
USA

Zip
21044

Country
USA

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

6. Name and Address of Current Registered Agent

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

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, 2002 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 **AS** ☐ Delete
 NAME **BUCK, DONNA**
 STREET ADDRESS **10440 LITTLE PATUXENT PKWY, #1100**
 CITY-ST-ZIP **COLUMBIA MD 21044**

TITLE **TD** ☐ Delete
 NAME **MARR, CHRISTOPHER P**
 STREET ADDRESS **175 TOYOTA PLAZA, #700**
 CITY-ST-ZIP **MEMPHIS TN 38103**

TITLE **PD** ☐ Delete
 NAME **JERNIGAN, DEAN**
 STREET ADDRESS **175 TOYOTA PLAZA, #700**
 CITY-ST-ZIP **MEMPHIS TN 38103**

TITLE **S** ☐ Delete
 NAME **MOONOMY, JOHN**
 STREET ADDRESS **175 TOYOTA PLAZA, #700**
 CITY-ST-ZIP **MEMPHIS TN 38103**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10440 LITTLE PATUXENT PKWY, SUITE 700**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **MCCONOMY, JOHN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **AS KERN, KEVIN**
 STREET ADDRESS **175 TOYOTA PLAZA, SUITE 700**
 CITY-ST-ZIP **MEMPHIS, TN 38103**

TITLE ☐ Change ☐ 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:

DONNA BUCK **DONNA BUCK**

Date

4/6/2002

410-730-9500

Daytime Phone #

CR2E034 (9/01)