


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000000822	
1. Entity Name SUSA MANAGEMENT, INC.	

Principal Place of Business 10440 LITTLE PATUXENT PARKWAY SUITE 700 COLUMBIA, MD 21044	Mailing Address 10440 LITTLE PATUXENT PARKWAY SUITE 700 COLUMBIA, MD 21044
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02232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-1862074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000130545  
04/26/04-80121-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUCK, DONNA 10440 LITTLE PATUXENT PKWY SUITE 700 COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YALE, MARK 175 TOYOTA PLAZA, #700 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOSAR, LEN DIANE COOPER 175 TOYOTA PLAZA, #700 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KERN, KEVIN 175 TOYOTA PLAZA, #700 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MIGLIACCIO, DANA 175 TOYOTA PLAZA STE 700 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA BUCK DONNA BUCK 4/21/04 410-884-8711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #