


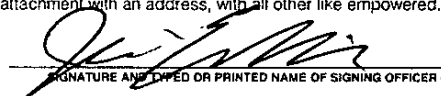
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90222 049 ***150.00

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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	
2. Principal Place of Business 175 TOYOTA PLAZA		3. Mailing Address	
Suite, Apt. #, etc. SUITE 700		Suite, Apt. #, etc.	
City & State MEMPHIS, TN		City & State	
Zip 38103	Country USA	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		03112005 Chg-P CR2E034 (10/03) 4. FEI Number 52-1862074 Applied For Not Applicable \$8.75 Additional Fee Required	
5. 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. 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE AS NAME BUCK, DONNA STREET ADDRESS 10440 LITTLE PATUXENT PKWY SUITE 700 CITY-ST-ZIP COLUMBIA, MD 21044	<input checked="" type="checkbox"/> Delete	TITLE AS NAME JIM EIKENBERG STREET ADDRESS 10440 LITTLE PATUXENT PARKWAY, SUITE 700 CITY-ST-ZIP COLUMBIA, MD 21044	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME YALE, MARK STREET ADDRESS 175 TOYOTA PLAZA, #700 CITY-ST-ZIP MEMPHIS, TN 38103	<input checked="" type="checkbox"/> Delete	TITLE T/D NAME JIM LANE STREET ADDRESS 175 TOYOTA PLAZA, SUITE 700 CITY-ST-ZIP MEMPHIS, TN 38103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME KOSAR, LEN STREET ADDRESS 175 TOYOTA PLAZA, #700 CITY-ST-ZIP MEMPHIS, TN 38103	<input checked="" type="checkbox"/> Delete	TITLE P/D NAME DIANE COOPER STREET ADDRESS 175 TOYOTA PLAZA, SUITE 700 CITY-ST-ZIP MEMPHIS, TN 38103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME KERN, KEVIN STREET ADDRESS 175 TOYOTA PLAZA, #700 CITY-ST-ZIP MEMPHIS, TN 38103	<input checked="" type="checkbox"/> Delete	TITLE S NAME DANA MIGLIACCIO STREET ADDRESS 175 TOYOTA PLAZA, SUITE 700 CITY-ST-ZIP MEMPHIS, TN 38103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME MIGLIACCIO, DANA STREET ADDRESS 175 TOYOTA PLAZA STE 700 CITY-ST-ZIP MEMPHIS, TN 38103	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Jim Eikenberg 4/28/05 410-730-9500 Date Daytime Phone #	