

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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03112005 Chg-P CR2E034 (10/03)

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	4. FEI Number 52-1862074	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
5. 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. 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 NAME STREET ADDRESS CITY-ST-ZIP	AS BUCK, DONNA 10440 LITTLE PATUXENT PKWY SUITE 700 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JIM EIKENBERG 10440 LITTLE PATUXENT PARKWAY, SUITE 700 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YALE, MARK 175 TOYOTA PLAZA, #700 MEMPHIS, TN 38103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D JIM LANE 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOSAR, LEN 175 TOYOTA PLAZA, #700 MEMPHIS, TN 38103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DIANE COOPER 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KERN, KEVIN 175 TOYOTA PLAZA, #700 MEMPHIS, TN 38103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANA MIGLIACCIO 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MIGLIACCIO, DANA 175 TOYOTA PLAZA STE 700 MEMPHIS, TN 38103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		4/2/05 410-730-9500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	