


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91776 004 ***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**



2. Principal Place of Business
10440 LITTLE PATUXENT PKWY.
Suite, Apt. #, etc.
SUITE 700
City & State
COLUMBIA, MD

3. Mailing Address
10440 LITTLE PATUXENT PKWY.
Suite, Apt. #, etc.
SUITE 700
City & State
COLUMBIA, MD

CHECK HERE IF MAKING CHANGES

Zip
21044

Country
USA

4. FEI Number **52-1862074**

Applied For
 Not Applicable

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

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUCK, DONNA 10440 LITTLE PATUXENT PKWY SUITE 700 COLUMBIA MD 21044	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARR, CHRISTOPHER P 175 TOYOTA PLAZA, #700 MEMPHIS TN 38103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JERNIGAN, DEAN 175 TOYOTA PLAZA, #700 MEMPHIS TN 38103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCONOMY, JOHN 175 TOYOTA PLAZA, #700 MEMPHIS TN 38103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KERN, KEVIN 175 TOYOTA PLAZA SUITE 700 MEMPHIS TN 38103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARK YALE 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEN KOSAR 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEVIN KERN 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DANA MIGLIACCIO 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103	<input type="checkbox"/> Change <input checked="" 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: Donna Buck **REQUIRE** 4/28/2003 **410-884-8711**

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

CR2E034 (10/02)