

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90037 038 \*\*\*150.00

**DOCUMENT # F95000002056**

1. Entity Name

**INSURANCE COUNSELORS, INC.**

Principal Place of Business

**5260 WESTERN AVE.  
 CHEVY CHASE MD 20815**

Mailing Address

**5260 WESTERN AVE.  
 CHEVY CHASE MD 20815**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1168724**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCLELLAND, HUGH H III  
 1857 WELLS ROAD, SUITE 224  
 ORANGE PARK FL 32073**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **ROBERTS, WILLIAM E**  
 CITY-ST-ZIP **6529 79TH PLACE  
 CABIN JOHN MD 20818**

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

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **MULCAHY, TIMOTHY J**  
 CITY-ST-ZIP **3514 MARIGOLD DR  
 MONROVIA MD 21770**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2214 Harpoon Drive**  
 CITY-ST-ZIP **Stafford, VA 22554**

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **KELLE, CARL J**  
 CITY-ST-ZIP **27109 FAMILY TERR  
 DAMASCUS MD 20872**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5480 Wisconsin Ave., #424**  
 CITY-ST-ZIP **Chevy Chase, MD 20815**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **PHILLIPS, ROSALIND A**  
 CITY-ST-ZIP **6516 SHIPYARD PLACE  
 FALLS CHURCH VA 22043**

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

TITLE ☒ Delete  
 NAME **GC**  
 STREET ADDRESS **RUFF, JOHN D**  
 CITY-ST-ZIP **5500 FRIENDSHIP BLVD. APT. 2009N  
 CHEVY CHASE MD 20815**

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **Steven W. Cunningham**  
 CITY-ST-ZIP **98 Wateredge Lane  
 Fredericksburg, VA 22406**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **SCHARA, CHARLES G**  
 CITY-ST-ZIP **9020 ADVANTAGE COURT  
 BURKE VA 22015**

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: *Rosalind A. Phillips*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/19/01*  
 Date

*301-986-3077*  
 Daytime Phone #

CR2E034 (10/00)