

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90214 014 ***150.00

DOCUMENT # F95000004186

1. Entity Name
HMS HOST TOLLROADS, INC.

Principal Place of Business

6600 ROCKLEDGE ROAD
DEPT 72-928.81
BETHESDA MD 20817
US

Mailing Address

6600 ROCKLEDGE DRIVE
DEPT 72-928.81
BETHESDA MD 20817
US

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 52-1942491

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

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 P
NAME MCCARTEN, WILLIAM W ☒ Delete
STREET ADDRESS 6600 ROCKLEDGE DR, DEPT 72-928.81
CITY-ST-ZIP BETHESDA MD

TITLE P/S
NAME Joe P. Martin ☒ Change ☐ Addition
STREET ADDRESS 6600 Rockledge Dr., MS 3-1
CITY-ST-ZIP Bethesda, MD 20817

TITLE D
NAME MCCARTHY, JOHN J ☒ Delete
STREET ADDRESS 6600 ROCKLEDGE DR, DEPT 72-928.81
CITY-ST-ZIP BETHESDA MD

TITLE D
NAME Charles E. Powers ☒ Change ☐ Addition
STREET ADDRESS 6600 Rockledge Dr., MS 3-1
CITY-ST-ZIP Bethesda, MD 20817

TITLE AS
NAME BABIN, LAURA A ☐ Delete
STREET ADDRESS 6600 ROCKLEDGE DRIVE
CITY-ST-ZIP BETHESDA MD 20817

TITLE AS/D
NAME Laura A. Babin ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME CRAMP, LORI A ☒ Delete
STREET ADDRESS 6600 ROCKLEDGE DR, DEPT 72-928.81
CITY-ST-ZIP BETHESDA MD

TITLE T
NAME Giorgio L. Spagliardi ☒ Change ☐ Addition
STREET ADDRESS 6600 Rockledge Dr., MS 3-1
CITY-ST-ZIP Bethesda, MD 20817

TITLE SDV
NAME MARTIN, J P ☒ Delete
STREET ADDRESS 6600 ROCKLEDGE DR, DEPT 72-928.81
CITY-ST-ZIP BETHESDA MD

TITLE V/D
NAME Beñard N. Brown ☒ Change ☐ Addition
STREET ADDRESS 6600 Rockledge Dr., MS 3-1
CITY-ST-ZIP Bethesda, MD 20817

TITLE V
NAME BETHERS, BRIAN W ☒ Delete
STREET ADDRESS 6600 ROCKLEDGE DR, DEPT 72-928.81
CITY-ST-ZIP BETHESDA MD

TITLE V
NAME Brian J. Gallant ☒ Change ☐ Addition
STREET ADDRESS 6600 Rockledge Dr., MS 3-1
CITY-ST-ZIP Bethesda, MD 20817

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:

Laura A. Babin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura A. Babin, Director

Date

4-20-01

Daytime Phone #

240-694-4161

CR2E034 (10/00)