

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90832 043 ***150.00

0579080 AT

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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.

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, 2002 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, BERNARD N	
STREET ADDRESS	6600 ROCKLEDGE DR, MS 3-1	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, CHARLES E	
STREET ADDRESS	6600 ROCKLEDGE DR, MS-3-1	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BABIN, LAURA A	
STREET ADDRESS	6600 ROCKLEDGE DRIVE	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPAGLIARDI, GIORGIO L	
STREET ADDRESS	6600 ROCKLEDGE DR, MS 3-1	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	PS	<input type="checkbox"/> Delete
NAME	MARTIN, J P	
STREET ADDRESS	6600 ROCKLEDGE DR, MS 3-1	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	V	<input type="checkbox"/> Delete
NAME	GALLANT, BRIAN J	
STREET ADDRESS	6600 ROCKLEDGE DR, MS 3-1	
CITY-ST-ZIP	BETHESDA MD 20817	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

1-28-02

Date

(240) 694-4161

Daytime Phone #

CR2E034 (9/01)