

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90271 047 \*\*\*158.75

0619145 AT

**DOCUMENT # F95000004887**

1. Entity Name  
**MARCORP, INC. OF ALABAMA**



Principal Place of Business  
**9801 WASHINGTON BLVD  
GAITHERSBURG MD 20878  
US**

Mailing Address  
**PO BOX 352  
BUFFALO NY 14240  
US**



2. Principal Place of Business  
**9801 WASHINGTONIAN BLVD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**GAITHERSBURG MD**

City & State

4. FEI Number **63-1131885**

Applied For  
Not Applicable

Zip  
**20878**

Country  
**US**

Zip

Country

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  
SUITE 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. 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, 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LANDEL, MICHEL</b>	
STREET ADDRESS	<b>9801 WASHINGTONIAN BLVD.</b>	
CITY-ST-ZIP	<b>GAITHERSBURG MD 20878</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCGLOCKTON, JOAN R</b>	
STREET ADDRESS	<b>9801 WASHINGTONIAN BLVD.</b>	
CITY-ST-ZIP	<b>GAITHERSBURG MD 20878</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BUSH, JOHN</b>	
STREET ADDRESS	<b>9801 WASHINGTONIAN BLVD.</b>	
CITY-ST-ZIP	<b>GAITHERSBURG MD 20878</b>	
TITLE	<b>VDAS</b>	<input type="checkbox"/> Delete
NAME	<b>STERN, ROBERT A</b>	
STREET ADDRESS	<b>9801 WASHINGTONIAN BLVD.</b>	
CITY-ST-ZIP	<b>GAITHERSBURG MD 20878</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, RICHARD</b>	
STREET ADDRESS	<b>10 EARHART DR</b>	
CITY-ST-ZIP	<b>WILLIAMSVILLE NY 14221</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>* PLEASE SEE ATTACHED LISTING</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCOTT ROBINS</b>	
STREET ADDRESS	<b>9801 WASHINGTONIAN BLVD</b>	
CITY-ST-ZIP	<b>GAITHERSBURG, MD 20878</b>	
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		

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:** *Richard H. Allen* **RICHARD H. ALLEN** 4/18/03 866-372-8291 ext 3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

*Attachment #*

*90105401*

MARCORP, INC.

*F95000004887*

**OFFICERS:**

**President:** Michel Landel

**Vice Presidents:** Robert A. Stern  
Richard Macedonia  
John M. Bush  
Ollie Lawrence, Jr.  
Richard Brockland  
Thomas M. Mulligan

**Secretary:** Scott Robins

**Asst Secretaries:** Richard H. Allen  
Business Address (10 Earhart Drive, Williamsville NY 14221)  
Leslie Jones  
Brenda P. Fuller  
Robert A. Stern  
Anthony Viola  
David Hayes  
Thomas R. Morse  
Anastasia E. Sweeney

**Treasurer:** Vacant

**Asst Treasurers:** Marc Blass

**DIRECTORS:**

Michel Landel  
Robert A. Stern  
John M. Bush

**Business Address for the Above**

**Named Officers and Directors:**

9801 Washingtonian Blvd  
Gaithersburg, MD 20878

**State of Incorporation**

Alabama

**Federal I.D. No.**

63-1131885