

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

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90099 048 \*\*\*150.00

**DOCUMENT # F95000005846**



1. Entity Name  
**BIT HOLDINGS SEVENTEEN, INC.**

Principal Place of Business  
**C/O HENRY C. PITTS  
2 HOPKINS PLAZA  
BALTIMORE MD 21201**

Mailing Address  
**C/O DEBORAH R CHAMBLISS  
SUITE 804, BIT HOLDINGS, 2 HOPKINS PLAZA  
BALTIMORE MD 21201  
US**

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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>52-1952428</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HIQ CORPORATE SERVICES, INC. 526 E PARK AVE #200 TALLAHASSEE FL 32301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		<b>FL</b>	

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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPTS PITTS, HENRY C 2 HOPKINS PLAZA BALTIMORE MD 21201</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVST CHAMBLISS, DEBORAH R 2 HOPKINS PLAZA BALTIMORE MD 21201</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVST SCHENNING, DAVID C 2 HOPKINS PLAZA BALTIMORE MD 21201</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS HALL, ARDYTH L 2 HOPKINS PLAZA BALTIMORE MD 21201</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS MCCARTHY, KEVIN P 2 HOPKINS PLAZA BALTIMORE MD 21201</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS LUZ, MARK H 2 HOPKINS PLAZA BALTIMORE MD 21201</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:** *Deborah R Chambliss* **1/21/03** **410-237-5424**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment  
Dir. # 90009953  
F95000005846

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

VS Change  Addition  
Harrison, Tracy M.  
2 Hopkins Plaza  
Baltimore, MD 21201

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VS Change  Addition  
Roth, Herbert L.  
2 Hopkins Plaza  
Baltimore, MD 21201

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VS Change  Addition  
Harris, William M.  
2 Hopkins Plaza  
Baltimore, MD 21201

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VS Change  Addition  
Bucchere, Victor S.  
2 Hopkins Plaza  
Baltimore, MD 21201

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