

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90122 004 ***150.00

DOCUMENT # F96000000793

1. Corporation Name

HUNT VALLEY TITLE HOLDING CORPORATION

Principal Place of Business

% THE ROUSE COMPANY
10275 LITTLE PATUXENT PKWY
COLUMBIA MD 21044-3456

Mailing Address

% THE ROUSE COMPANY
10275 LITTLE PATUXENT PKWY
COLUMBIA MD 21044-3456

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

Zip

Country

29

30

THE ROUSE COMPANY
C/O TAX DEPARTMENT
10275 LITTLE PATUXENT PARKWAY
COLUMBIA, MARYLAND 21044

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1996

4. FEI Number

52-1444422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME MCGREGOR, DOUGLAS A
STREET ADDRESS %THE ROUSE COMPANY, 10275 LITTLE PATUXENT P
CITY-ST-ZIP COLUMBIA MD 21044

TITLE COB ☐ DELETE
NAME SOMERS, JOHN A
STREET ADDRESS %THE ROUSE COMPANY, 10275 LITTLE PATUXENT P
CITY-ST-ZIP COLUMBIA MD 21044

TITLE VP ☐ DELETE
NAME JARDINE, JOHN B
STREET ADDRESS %THE ROUSE COMPANY, 10275 LITTLE PATUXENT P
CITY-ST-ZIP COLUMBIA MD 21044

TITLE T ☐ DELETE
NAME DAYTON, PATRICIA H
STREET ADDRESS %THE ROUSE COMPANY, 10275 LITTLE PATUXENT P
CITY-ST-ZIP COLUMBIA MD 21044

TITLE GCS ☐ DELETE
NAME ROTHSCHILD, BRUCE I
STREET ADDRESS %THE ROUSE COMPANY, 10275 LITTLE PATUXENT P
CITY-ST-ZIP COLUMBIA MD 21044

TITLE ASGC ☐ DELETE
NAME LANO, JAMES D
STREET ADDRESS %THE ROUSE COMPANY, 10275 LITTLE PATUXENT P
CITY-ST-ZIP COLUMBIA MD 21044

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME ELIZABETH A HULLINGER
3.3 STREET ADDRESS 10275 LITTLE PATUXENT PKWY
3.4 CITY-ST-ZIP COLUMBIA, MD 21044

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth A Hullinger* ELIZABETH A HULLINGER 4/27/99 410-992-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)