2000 UNIFORM BUSINESS REPORT (UBP)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **F96000005339** Apr 07, 2000 8:00 am Secretary of State FLORIDA-CRC CORP. 04-07-2000 90048 025 ***150.00 Principal Place of Business Mailing Address 17 W. PENNSYLVANIA AVE 17 W. PENNSYLVANIA AVE TOWSON MD 21204-5016 TOWSON MD 21204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc 50 0 Suite, Apt. #, etc 500 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 52-0738521 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RYAN, JEAN A ESQ Street Address (P.O. Box Number is Not Acceptable) BOND, SCHOENECK & KING, P.A. 1167 THIRD ST S., SUITE 107 NAPLES FL 34102-7098 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE TITLE Delete Delete NAME John A. Luetkemeyer Jr NAME WETKEMEYER, JR. J. STREET ADDRESS STREET ADDRESS Towson MD 21204 Suite 500 17 W PENNSYLVANIA AVE CITY-ST-ZIP CITY-ST-7IP TOWSON MD 21204 TITLE TITLE ☐ Delete NAME SCHAPIRO, J. MARK NAME STREET ADDRESS STREET ADDRESS 17 W. PENNSYLVANIA AVE CITY-ST-ZIP CITY-ST-ZIP TOWSON MD 21204 AS Delete TITLE Change ☐ Addition TITLE NAME KINNEAR, JR. W NAME STREET ADDRESS STREET ADDRESS 17 W. PENNSYLVANIA AVE CiTY-ST-ZIP CITY-ST-ZIP TOWSON MD 21204 ☐ Addition ☐ Delete TITLE Change TITLE NAME RIEF, LAWRENCE G NAME STREET ADDRESS STREET ADDRESS 17 W. PENNSYLVANIA AVE CITY-ST-ZIP CITY-ST-ZIP TOWSON MD 21204 Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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