

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # F96000006694**1. Entity Name
LULING/SCC, INC.**Principal Place of Business**

910 REDGEBROOK RD

Mailing Address

910 REDGEBROOK RD

SPARKS GLENCOE

MD

21152

US

SPARKS GLENCOE

MD

21152

US

2. Principal Place of Business

910 RIDGEBROOK RD

3. Mailing Address

910 RIDGEBROOK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SPARKS GLENCOE

MD

City & State

SPARKS GLENCOE

MD

Zip

21152

Country

US

Zip

21152

Country

US

4. FEI Number**72-1293486**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**NATIONAL CORPORATE RESEARCH, LTD. INC.
1406 HAYS ST STE #2

TALLAHASSEE

FL

32301

US

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)

03/27/2001

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	ELKINS MARSHALL	
STREET ADDRESS	910 REDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEVIN MARC B	
STREET ADDRESS	910 REDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FULCHINO MARK B	
STREET ADDRESS	910 REDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEPHENSON ROBERT	
STREET ADDRESS	910 REDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE	P	<input type="checkbox"/> Delete
NAME	PICKETT TAYLOR	
STREET ADDRESS	910 REDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS MARSHALL	
STREET ADDRESS	910 RIDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN MARC B	
STREET ADDRESS	910 RIDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULCHINO MARK B	
STREET ADDRESS	910 RIDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON ROBERT	
STREET ADDRESS	910 RIDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT TAYLOR	
STREET ADDRESS	910 RIDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
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: MARK FULCHINO

VP

03/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)