

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90310 001 \*\*\*600.00

**DOCUMENT # F98000002904**



1. Entity Name  
**CP OLEANDER I, INC.**

Principal Place of Business  
**111 MARKET PLACE--  
SUITE 200--  
BALTIMORE MD 21202--**

Mailing Address  
**111 MARKET PLACE  
SUITE 200 --  
BALTIMORE MD 21202 --**

2. Principal Place of Business  
**750 E. Pratt Street  
Suite, Apt. #, etc.**

3. Mailing Address  
**750 E. Pratt Street  
Suite, Apt. #, etc.**

City & State  
**Baltimore, MD**

City & State  
**Baltimore, MD**

4. FEI Number **52-2100990**

Applied For  
Not Applicable

Zip Country  
**21202 USA**

Zip Country  
**21202 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**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>S</b>	<input type="checkbox"/> Delete
NAME	<b>SKOWRONSKI, DAN R</b>	
STREET ADDRESS	<b>111 MARKET PLACE, STE 200</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>WOLFINGER, RICHARD L</b>	
STREET ADDRESS	<b>111 MARKET PL, STE 200-</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	
TITLE	<b>DCOB --</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LONG, JARED J</b>	
STREET ADDRESS	<b>111 MARKET PL, STE 200-</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DOUGLAS, BRUCE R</b>	
STREET ADDRESS	<b>111 MARKET PL, STE 200-</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWAB, EDWARD C</b>	
STREET ADDRESS	<b>111 MARKET PL, STE 200-</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	
TITLE	<b>DCB</b>	<input type="checkbox"/> Delete
NAME	<b>SHIVERY, CHARLES W</b>	
STREET ADDRESS	<b>111 MARKET PLACE STE 200-</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	

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

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>750 E. Pratt Street</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>750 E. Pratt Street</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>750 E. Pratt Street</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>750 E. Pratt Street</b>
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** *[Signature]* **SIGNATURE** *[Signature]* **Dan R. Skowronski, Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/03** **410-468-2553**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment#

58020383

F98000002904

ATTACHMENT A  
CP OLEANDER I, INC.  
OFFICERS AND DIRECTORS

<u>Name and Business Addresses</u>	<u>Position</u>	<u>Business Address</u>
Edward C. Schwab 750 E. Pratt Street Baltimore, MD 21202	Director	750 E. Pratt Street Baltimore, MD 21202
Joe C. Turnage 750 E. Pratt Street Baltimore, MD 21202	Director	750 E. Pratt Street Baltimore, MD 21202
Richard L. Wolfinger 750 E. Pratt Street Baltimore, MD 21202	Director	750 E. Pratt Street Baltimore, MD 21202
Bruce R. Douglas 750 E. Pratt Street Baltimore, MD 21202	Treasurer	750 E. Pratt Street Baltimore, MD 21202
Edward C. Schwab 750 E. Pratt Street Baltimore, MD 21202	Vice President	750 E. Pratt Street Baltimore, MD 21202
Dan R. Skowronski 750 E. Pratt Street Baltimore, MD 21202	Secretary	750 E. Pratt Street Baltimore, MD 21202
Joe C. Turnage 750 E. Pratt Street Baltimore, MD 21202	Chairman of the Board & President	750 E. Pratt Street Baltimore, MD 21202
Richard L. Wolfinger 750 E. Pratt Street Baltimore, MD 21202	Vice President	750 E. Pratt Street Baltimore, MD 21202