Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITLE MARTIN, PETER M Intel Exhibition Martin, PETER M ITY-ST-2P BALTIMORE MD 21202 CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP REET ADDRESS TITLE NAME Intel Exhibition Change Addition ITY-ST-2P BALTIMORE MD 21202 CITY-ST-2IP CITY-ST-2IP Change Addition ITY-ST-2P BALTIMORE MD 21202 ITTUE STREET ADDRESS CITY-ST-2IP Change Addition ITY-ST-2P BALTIMORE MD 21202 CITY-ST-2IP CITY-ST-2IP Change Addition ITHE ADDRESS TITE STREET ADDRESS CITY-ST-2IP Change Addition ITY-ST-2P BALTIMORE MD 21202 CITY-ST-2IP Change Addition ITHE ADDRESS TITE STREET ADDRESS CITY-ST-2IP Change Addition ITY-ST-2P BALTIMORE MD 21202 CITY-ST-2IP <t< th=""><th colspan="6">2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9800003186 1. Entity Name PROVIDENT BANK OF MARYLAND CORPORATION</th><th colspan="5">FILED Apr 10, 2001 8:00 am Secretary of State 04-10-2001 90136 003 ***150.00</th></t<>	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9800003186 1. Entity Name PROVIDENT BANK OF MARYLAND CORPORATION						FILED Apr 10, 2001 8:00 am Secretary of State 04-10-2001 90136 003 ***150.00				
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City FL Zip Code Inter above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. INORATURE INORATURE INORE Prophered agent agent and the Elapholds INORE Prophered Agent Age	1200 SOUTH PINE ISLAND ROAD				·····	dress (P.O. Box Number is Not Acceptable)					
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TLE AS TITLE AS □ Change Addition MME NEUDER, LISA R □ Change Addition TX-ST-ZIP I14 E. LEXINGTON STREET STREET ADDRESS BERNOSK i THO MAS W 3. I hereby certify that the information 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 impstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if change or on an attachment with an address, with all ether like empowered.	TREET ADDRESS			CITY-S	ST-ZIP					Addition	
3. 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 these 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.	TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS	BALTIMORE MD 21202 GCS DAVIS, ROBERT L 114 E. LEXINGTON STREET	Delete	TITLE NAME STREET	ADDRESS			() ()	nange		
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