

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90149 005 \*\*\*150.00

DOCUMENT # **F98000003186**

1. Entity Name

**PROVIDENT BANK OF MARYLAND CORPORATION**

Principal Place of Business

Mailing Address

**114 E. LEXINGTON STREET  
 BALTIMORE, MD 21202**

**114 E. LEXINGTON STREET  
 BALTIMORE, MD 21202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-0451620**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, PETER M.</b>	
STREET ADDRESS	<b>114 E. LEXINGTON STREET</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	
TITLE	<b>MCD</b>	<input type="checkbox"/> Delete
NAME	<b>STALLER, DENNIS A</b>	
STREET ADDRESS	<b>114 E LEXINGTON STREET</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, R.W.</b>	
STREET ADDRESS	<b>114 E. LEXINGTON STREET</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	
TITLE	<b>A</b>	<input type="checkbox"/> Delete
NAME	<b>MORGANTHAU, JEANNE C</b>	
STREET ADDRESS	<b>114 E. LEXINGTON STREET</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	
TITLE	<b>GCS</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, ROBERT L</b>	
STREET ADDRESS	<b>114 E LEXINGTON STREET</b>	
CITY-ST-ZIP	<b>BALTIMORE, MD 21202</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>BERNOSKI, THOMAS W</b>	
STREET ADDRESS	<b>114 E. LEXINGTON STREET</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		

CR2E034 (11/00)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas W BERNOSKI**

**ASST SEC**

**4/30/02**

Date

**410-277-2846**

Daytime Phone #