

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

02-26-2004 90017 010 \*\*\*150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003186

1. Entity Name  
PROVIDENT BANK OF MARYLAND CORPORATION



Principal Place of Business Mailing Address  
114 E. LEXINGTON STREET 114 E. LEXINGTON STREET  
BALTIMORE, MD 21202 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

02132004 Chg-P CR2E034 (10/03)

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, PETER M	
STREET ADDRESS	114 E. LEXINGTON STREET	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	MCFO	<input type="checkbox"/> Delete
NAME	STARLIPER, DENNIS A	
STREET ADDRESS	114 E LEXINGTON STREET	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	T	<input type="checkbox"/> Delete
NAME	MALECKI, KAREN	
STREET ADDRESS	114 E. LEXINGTON STREET	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	GCS	<input type="checkbox"/> Delete
NAME	DAVIS, ROBERT L	
STREET ADDRESS	114 E. LEXINGTON STREET	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BERNOSKI, THOMAS W	
STREET ADDRESS	114 E. LEXINGTON STREET	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY GEISEL	
STREET ADDRESS	114 E. LEXINGTON STREET	
CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 19.07(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 or other like empowered.

SIGNATURE: *Thomas W. Bernoski* THOMAS W. BERNOSKI 2/20/04 410-777-2446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone