


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000003186	
1. Entity Name PROVIDENT BANK OF MARYLAND CORPORATION	

Principal Place of Business 114 E. LEXINGTON STREET BALTIMORE, MD 21202	Mailing Address 114 E. LEXINGTON STREET BALTIMORE, MD 21202
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01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0451620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GEISEL, GARY 114 E. LEXINGTON STREET BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCFO STARLIPER, DENNIS A 114 E LEXINGTON STREET BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALECKI, KAREN 114 E. LEXINGTON STREET BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS DAVIS, ROBERT L 114 E. LEXINGTON STREET BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BERNOSKI, THOMAS W 114 E. LEXINGTON STREET BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000217931
02/07/05-80045-021 150.00

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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 <u>Thomas W. Bernoski</u> <u>2/1/05</u> <u>410-277-2846</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date _____ Daytime Phone # _____