

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90234 019 \*\*\*150.00

**DOCUMENT # F98000003301**

1. Entity Name

**VIALE INFORMATION SYSTEMS, INC.** → ~~CHANGE NAME TO~~  
~~VIPS, INC.~~

NOT

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F

CURT 1110 41111111  
BELOW: THANK YOU *[Signature]*  
VIPS, INC.  
5/17/01



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**ONE WEST PENNSYLVANIA AVENUE  
TOWSON MD 21204**

Mailing Address  
**ONE WEST PENNSYLVANIA AVENUE  
TOWSON MD 21204**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1148364**  
Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering) 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**

TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete
NAME	<b>MORGAN, JENNY G</b>	
STREET ADDRESS	<b>1W PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>TOWSON MD 21204</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LEHRER, ARTHUR L</b>	
STREET ADDRESS	<b>1 WEST PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>TOWSON MD 21204</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AUERBACH, DEBBIE</b>	
STREET ADDRESS	<b>1 W. PENNSYLVANIA AVENUE</b>	
CITY-ST-ZIP	<b>TOWSON MD 21204</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>TRAVAGLINI, MARK</b>	
STREET ADDRESS	<b>1 W PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>TOWSON MD 21204</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>RICE, DAVID</b>	
STREET ADDRESS	<b>1 W. PENNSYLVANIA AVENUE</b>	
CITY-ST-ZIP	<b>TOWSON MD 21204</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	<b>VCFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Glen Steinbach</b>	
STREET ADDRESS	<b>3 Bedwell Court</b>	
CITY-ST-ZIP	<b>Timonium, MD 21093</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

410-832-8300

Date Daytime Phone #

CR2E034 (10/00)