

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0621685 AT

DOCUMENT # F98000006569

1. Entity Name
THE TOWN AND COUNTRY ORIOLE CORPORATION



FILED

03 FEB 26 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 S. CHARLES ST., STE. 1700
BALTIMORE MD 21201

Mailing Address
100 S. CHARLES ST., STE. 1700
BALTIMORE MD 21201



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 52-1838100

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T 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. 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☒ Delete
NAME LERNER, ALFRED
STREET ADDRESS 100 S. CHARLES ST., STE. 1700
CITY-ST-ZIP BALTIMORE MD 21201

TITLE Senior Vice President ☐ Change ☒ Addition
NAME Lasker, Alan W.
STREET ADDRESS 100 S. Charles St., Ste 1700
CITY-ST-ZIP Baltimore, MD 21201

TITLE DPAS ☐ Delete
NAME SCHULWEIS, HARVEY
STREET ADDRESS 100 S. CHARLES ST., STE. 1700
CITY-ST-ZIP BALTIMORE MD 21201

TITLE DPAS ☒ Change ☐ Addition
NAME Schulweis, Harvey
STREET ADDRESS 100 S. Charles St., Ste 1700
CITY-ST-ZIP Baltimore, MD 21201

TITLE D ☐ Delete
NAME BERICK, JAMES H.
STREET ADDRESS 1350 EATON CENTER, 1111 SUPERIOR AVE.
CITY-ST-ZIP CLEVELAND OH 44114

TITLE ☐ Change ☐ Addition
NAME 900013536319
STREET ADDRESS 03/05/03--01014--007 **976.25
CITY-ST-ZIP

TITLE SVP ☐ Delete
NAME HAAK, GERALD J
STREET ADDRESS 100 S CHARLES ST, #1700
CITY-ST-ZIP BALTIMORE MD 21201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BERICK, DANIEL G
STREET ADDRESS 1350 EATON CENTER, 1111 SUPERIOR AVE.
CITY-ST-ZIP CLEVELAND OH 44114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVPT ☐ Delete
NAME DOLPHIN, JAMES
STREET ADDRESS 100 S CHARLES STREET, #1700
CITY-ST-ZIP BALTIMORE MD 21201

TITLE ☐ Change ☐ 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 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: *James Dolph* SIGNATURE REQUIRED James Dolph, Sr. VP and Treasurer 2/3/2003 410.539.7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)