2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **F98000006570** 1. Entity Name THE TOWN AND COUNTRY HOLDING CORPORATION II 04-24-2000 90094 013 ***150.00 Principal Place of Business Mailing Address 100 S. CHARLES ST. SUITE 1700 100 S. CHARLES ST. SUITE 1700 BALTIMORE MD 21201 BALTIMORE MD 21201-2777 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 52-1860245 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zin Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE Delete TITLE LERNER, ALFRED NAME NAME STREET ADDRESS STREET ADDRESS 100 S. CHARLES ST, SUITE 1700 CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD 21201 ☐ Addition Change ☐ Delete TITLE TITLE SCHULWEIS, HARVEY NAME NAME STREET ADDRESS STREET ADDRESS 100 S. CHARLES ST, SUITE 1700 CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD 21201 ☐ Addition Change Delete : TITLE TITLE ROSEN, MICHAEL H NAME NAME STREET ADDRESS 100 S. CHARLES ST, SUITE 1700 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD 21201 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME MUNCH, JENNIFER C MARAE STREET ADDRESS STREET ADDRESS 100 S. CHARLES ST, SUITE 1700 CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD 21201 TITLE Change ☐ Addition TITLE ☐ Delete NAME BERICK, JAMES H NAME STREET ADDRESS 1350 EATON CENTER, 1111 SUPERIOR AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEVELAND OH 44114 Change ☐ Addition TITLE TITLE S ☐ Delete NAME NAME BERICK, DANIEL G STREET ADDRESS STREET ADDRESS 1350 EATON CENTER, 1111 SUPERIOR AVE CITY-ST-ZIP CITY-ST-ZIP CLEVELAND OH 44114 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 of trustee per owered 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.

TIME REQUIENTIFER C. MUNCH, VICE PRESIDENT 4/12/00

(410) 53957600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR