

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90005 009 \*\*\*550.00

**DOCUMENT # F98000006570**  
 1. Entity Name  
**THE TOWN AND COUNTRY HOLDING CORPORATION II**

Principal Place of Business      Mailing Address  
**100 S. CHARLES ST. SUITE 1700**      **100 S. CHARLES ST. SUITE 1700**  
**BALTIMORE MD 21201**                      **BALTIMORE MD 21201**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**52-1860245**                              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.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>LERNER, ALFRED</b> <b>100 S. CHARLES ST, SUITE 1700</b> <b>BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SCHULWEIS, HARVEY</b> <b>100 S. CHARLES ST, SUITE 1700</b> <b>BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROSEN, MICHAEL H</b> <b>100 S. CHARLES ST, SUITE 1700</b> <b>BALTIMORE MD 21201</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MUNCH, JENNIFER C</b> <b>100 S. CHARLES ST, SUITE 1700</b> <b>BALTIMORE MD 21201</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERICK, JAMES H</b> <b>1350 EATON CENTER, 1111 SUPERIOR AVE</b> <b>CLEVELAND OH 44114</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BERICK, DANIEL G</b> <b>1350 EATON CENTER, 1111 SUPERIOR AVE</b> <b>CLEVELAND OH 44114</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Gerald J. Haak</b> <b>100 South Charles Street, Ste 1700</b> <b>Baltimore, MD 21201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr: VP/Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James Dolphin</b> <b>100 S: Charles Street, Ste 1700</b> <b>Baltimore, MD 21201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 a other like empowered.

**SIGNATURE:** *James Dolphin*      **James Dolphin**      **8/01/01**      **(410) 539-7600**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)