

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90188 001 ***450.00

0579573 AT

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

4. FEI Number **52-1860245** 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
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 _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	C	<input type="checkbox"/> Delete
NAME	LERNER, ALFRED	
STREET ADDRESS	100 S. CHARLES ST, SUITE 1700	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHULWEIS, HARVEY	
STREET ADDRESS	100 S. CHARLES ST, SUITE 1700	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	HAAK, GERALD J	
STREET ADDRESS	100 S. CHARLES ST, SUITE 1700	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	DOLPHIN, JAMES	
STREET ADDRESS	100 S. CHARLES ST, SUITE 1700	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERICK, JAMES H	
STREET ADDRESS	1350 EATON CENTER, 1111 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERICK, DANIEL G	
STREET ADDRESS	1350 EATON CENTER, 1111 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND OH 44114	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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: James Dolphin, Sr. 3/21/02 (410) 539-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
James Dolphin, Sr. Vice President/CFO

CR2E034 (9/01)