

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0621697 AT

DOCUMENT # F98000006570



1. Entity Name
THE TOWN AND COUNTRY HOLDING CORPORATION II

FILED

03 FEB 26 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
**100 S. CHARLES ST. SUITE 1700
BALTIMORE MD 21201**



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**

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 _____ 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
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	<input checked="" 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	

TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas L. Brodie	
STREET ADDRESS	100 S. Charles Street, Suite 1700	
CITY-ST-ZIP	Baltimore, MD 21201	
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan W. Lasker	
STREET ADDRESS	100 S. Charles Street, Suite 1700	
CITY-ST-ZIP	Baltimore, MD 21201	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura D Nemeth	
STREET ADDRESS	4700 Key Tower, 127 Public Square	
CITY-ST-ZIP	Cleveland, Ohio 44114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Dolphin, Sr.* **SIGNATURE REQUIRED** **James Dolphin, Sr. Vice President** **2/03/2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **(410) 539-7600**

CR2E034 (10/02)