

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90215 013 \*\*\*158.75

**DOCUMENT # F98000007102**

**1. Entity Name**  
**SDH II, INC.**



**Principal Place of Business**  
**9801 WASHINGTONIAN BLVD**  
**GAITHERSBURG MD 20878**

**Mailing Address**  
**PO BOX 352**  
**BUFFALO NY 14240**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number 52-2134775**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDEL, MICHEL 9801 WASHINGTONIAN BLVD. GAITHERSBURG MD 20878	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUSH, JOHN 9801 WASHINGTONIAN BLVD. GAITHERSBURG MD 20878	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGLOCKTON, JOAN R 9801 WASHINGTONIAN BLVD. GAITHERSBURG MD 20878	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS STERN, ROBERT A 9801 WASHINGTONIAN BLVD. GAITHERSBURG MD 20878	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ALLEN, RICHARD 10 EARHART DR WILLIAMSVILLE NY 14221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VIOLA, ANTHONY 9801 WASHINGTONIAN BLVD GAITHERSBURG MD 20878	<input type="checkbox"/> Delete

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	S SCOTT ROBINS 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878	<input type="checkbox"/> Change <input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Richard Allen* **RICHARD ALLEN** 4/18/03 866-372-8291 opt 3

CR2E034 (10/02)

Attachment #

F7102

SDH II, INC.

11015738  
F98000007102

**OFFICERS:**

**President:** Michel Landel

**Vice Presidents:** Robert A. Stern  
Richard Macedonia  
John M. Bush  
Ollie Lawrence, Jr.  
Richard Brockland  
Thomas M. Mulligan

**Secretary:** Scott Robins

**Asst Secretaries:** Richard H. Allen  
Business Address (10 Earhart Drive, Williamsville NY 14221)  
Leslie Jones  
Brenda P. Fuller  
Robert A. Stern  
Anthony Viola  
David Hayes  
Thomas R. Morse  
Anastasia E. Sweeney

**Treasurer:** Vacant

**Asst Treasurers:** Marc Blass

**DIRECTORS:**

Michel Landel  
Robert A. Stern  
John M. Bush

**Business Address for the Above**

**Named Officers and Directors:**

9801 Washingtonian Blvd  
Gaithersburg, MD 20878

**State of Incorporation**

Delaware

**Federal I.D. No.**

52-2134775