War.

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Barbara B. Incas

## FILED Apr 17, 2002 8:00 am Secretary of State

DOCUMENT # F99600000720 1. Entity Name Price Pfister, Inc.			04-17-20	04-17-2002 90123 005 ***150.00	
Price Pfiste	r, Inc.				
DO NOT WRITE IN THIS SPACE				831296	
2. Principal Place of Business 19701 Da Vinci 3. Mailing Address 701 E. Joppa		Soppa Rd			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRI	DO NOT WRITE IN THIS SPACE	
City & State Lake Forest CA	City & State Towson MD		4. FEI Number 95 - 38447	96 Applied For Not Applicable	
42610 Country A	Zip 21286	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
14 5 0 0 0 0 0 0 0		Name	7. Name and Address of Current		
DO NOT W	1 1	Street Address (P.O. Box Number is Not Acceptable)  1200 5: Line Island Rd.			
IN THIS SPACE		129	O S. PINA ISI	ana Na.	
		City P	lantation	FL Zip Code 33324	
8. The above named entity submits this statement for	the purpose of changing its r	registered office or reg	istered agent, or both, in the State of FI	orida.	
SIGNATURE	nd title if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating)	DATE	
After Mary 4		ay 1 Fee is \$150.00 I, Fee is \$550.00	10. Election Campaign Fir	nancing _ \$5.00 May Be	
		UBR Is \$61.25	Trust Fund Contribution		
11. OFFICERS AND I	DIRECTORS	TITLE		3	
STREET ADDRESS 19701 Davinci		NAME. Street address		CR2F134B (12/01)	
CITY-ST-ZIP Lake Forest, CA	92610	CITY-ST-ZIP	terrentia de la companione de la companion	4. P. C.	
NAME Linda H. Biagioni		NAME:		28.0	
CITY-ST-ZIP Towson and 21286		STREET ADDRESS CITY+ST-ZIP			
		TITLE NAME		•	
STREET ADDRESS 701 E. Joppa Rd CITY-ST-ZIP Towson MD-21286		STREET ADDRESS	DO NOT	WRITE	
TITLE VS		TITLE	IN THIS		
STREET ADDRESS 701 E. Jopan Rd.		STREET ADDRESS			
THE VD		CITY-ST-ZIP TITLE			
STREET ADDRESS 701 E. Joapa Rd		NAME STREET ADDRESS			
TITLE TOWSON, MD 21286		CHY-ST-ZIP	municulary of the state of the		
NAME Mark M. Rothleitner STREET ADDRESS 701 E. Joppa Rd.		NAME STREET ADDRESS			
CITY-ST-ZIP Towson MD 21286		CITY: ST-ZIP	to the state of th		
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 on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/3/02 410-716-2890  Date Dayline Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone /					