

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2001 8:00 am**
Secretary of State

03-27-2001 90003 040 ***150.00

DOCUMENT # F99000001448

1. Entity Name

LITIGATION MANAGEMENT, INC.

Principal Place of Business

**7500 GRACE DRIVE
COLUMBIA MD 21044**

Mailing Address

**7500 GRACE DRIVE
COLUMBIA MD 21044**

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 **65-0537976**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ELLBERGER, LARRY	
STREET ADDRESS	1750 CLINT MOORE RD.	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. Brian McGowan	
STREET ADDRESS	7500 Grace Drive	
CITY-ST-ZIP	Columbia, Md 21044	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HYDE, JAMES R	
STREET ADDRESS	7500 GRACE DR.	
CITY-ST-ZIP	COLUMBIA MD 21044	

TITLE	DAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elyse Napoli Filon	
STREET ADDRESS	5400 Broken Sound Blvd, NW, Su 300	
CITY-ST-ZIP	Boca Raton, FL 33487	

TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	MCAHON, PAUL	
STREET ADDRESS	1750 CLINT MOORE RD.	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE	D, CFO, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert M. Tarola	
STREET ADDRESS	7500 Grace Drive	
CITY-ST-ZIP	Columbia, Md 21044	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DURBIN, LYNNE M	
STREET ADDRESS	7500 GRACE DR.	
CITY-ST-ZIP	COLUMBIA MD 21044	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark A. Shelnitz	
STREET ADDRESS	7500 Grace Drive, Columbia, Md 21044	
CITY-ST-ZIP		

TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	CREMIN, TIMOTHY M	
STREET ADDRESS	1750 CLINT MOORE RD.	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Nakashige	
STREET ADDRESS	5400 Broken Sound, Blvd, NW Su 300	
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Delete
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:*Mark A. Shelnitz***Mark A. Shelnitz, Secretary****410-531-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)