

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90113 031 ***150.00

DOCUMENT # F99000001448

1. Entity Name
LITIGATION MANAGEMENT, INC.



Principal Place of Business
7500 GRACE DRIVE
COLUMBIA, MD 21044

Mailing Address
C/O M. K. SPRINKLE
7500 GRACE DRIVE
COLUMBIA, MD 21044



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0537976

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

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. 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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SIEGEL, DAVID B	
STREET ADDRESS	7500 GRACE DRIVE	
CITY-ST-ZIP	COLUMBIA, MD 21044	
TITLE	DAT	<input type="checkbox"/> Delete
NAME	FILON, ELYSE N	
STREET ADDRESS	5400 BROKEN SOUND BLVD NW STE 300	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	TAROLA, ROBERT M	
STREET ADDRESS	7500 GRACE DRIVE	
CITY-ST-ZIP	COLUMBIA, MD 21044	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHELNITZ, MARK A	
STREET ADDRESS	7500 GRACE DR.	
CITY-ST-ZIP	COLUMBIA, MD 21044	
TITLE	AT	<input type="checkbox"/> Delete
NAME	NAKASHIGE, DAVID	
STREET ADDRESS	5400 BROKEN SOUND BLVD NW STE 300	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NORRIS, PAUL J	
STREET ADDRESS	7500 GRACE DRIVE	
CITY-ST-ZIP	COLUMBIA, MD 21044	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director, VP & AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol M. Finke	
STREET ADDRESS	5400 Broken Sound Boulevard, NW	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	Director, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard C. Finke	
STREET ADDRESS	5400 Broken Sound Boulevard, NW	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard A. Senftleben	
STREET ADDRESS	5400 Broken Sound Boulevard, NW	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark A. Shelnitz	
STREET ADDRESS	7500 Grace Drive	
CITY-ST-ZIP	Columbia, MD 21044	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William C. Dockman	
STREET ADDRESS	7500 Grace Drive	
CITY-ST-ZIP	Columbia, MD 21044	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John A. McFarland	
STREET ADDRESS	7500 Grace Drive	
CITY-ST-ZIP	Columbia, MD 21044	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

John A. McFarland,

Secretary

4/4/2006

410-531-4000

Date

Daytime Phone #

ATTACHMENT

60026668

#F99000001448

LITIGATION MANAGEMENT, INC.
2006 ANNUAL REPORT CONTINUED

DUE DATE: 05/01/2006

FEI NUMBER: 65-0537976

ADDITIONAL OFFICER:

NAME: JOHN A. MCFARLAND

TITLE: SECRETARY

ADDRESS: 7500 GRACE DRIVE

CITY/ST/ZIP: COLUMBIA, MD 21044