

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90076 034 ***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

c/o M. K. Sprinkle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7500 Grace Drive

City & State

City & State

Columbia, MD

Zip

Country

Zip

21044

Country

USA

4. FEI Number **65-0537976**

Applied For

Not Applicable

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

**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 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MCGOWAN, W B
7500 GRACE DRIVE
COLUMBIA MD 21044** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Paul J. Norris
7500 Grace Drive
Columbia, MD 21044** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DAT
FILON, ELYSE N
5400 BROKEN SOUND BLVD NW STE 300
BOCA RATON FL 33487** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
William M. Corcoran
7500 Grace Drive
Columbia, MD 21044** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCT
TAROLA, ROBERT M
7500 GRACE DRIVE
COLUMBIA MD 21044** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/AS
David B. Siegel
7500 Grace Drive
Columbia, MD 21044** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SHELNITZ, MARK A
7500 GRACE DR.
COLUMBIA MD 21044** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
Martin Hunter
7500 Grace Drive
Columbia, MD 21044** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
NAKASHIGE, DAVID
5400 BROKEN SOUND BLVD NW STE 300
BOCA RATON FL 33487** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Mark A. Shelnitz* **Mark A. Shelnitz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03
Date

410/531-4212
Daytime Phone #

CR2E034 (10/02)