

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004390

1. Entity Name

MID ATLANTIC INVESTOR SERVICES, INC.

FILED

Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90043 010 ***550.00

Principal Place of Business

% FERRIS, BAKER WATTS, INC.
1700 PENNSYLVANIA AVE., NW SUITE 700
WASHINGTON DC 20006

Mailing Address

% FERRIS, BAKER WATTS, INC.
1700 PENNSYLVANIA AVE., NW SUITE 700
WASHINGTON DC 20006

2. Principal Place of Business

3. Mailing Address

8403 Colesville Road

Suite, Apt. #, etc.

Suite 900

City & State

Silver Spring, MD

Zip

Country

20910

USA

4. FEI Number 52-1785835

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

WELSCH, WILLIAM
59 CAMDEN COURT
BAL HARBOUR FL 33154-1324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	FERRIS, GEORGE M JR	
STREET ADDRESS	1700 PENNSYLVANIA AVE., NW	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WARNER, BRAINARD H IV	
STREET ADDRESS	1700 PENNSYLVANIA AVE., NW SUITE 700	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	V	<input type="checkbox"/> Delete
NAME	URBAN, THEODORE W	
STREET ADDRESS	1700 PENNSYLVANIA AVE., NW SUITE 700	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CLENDENIN, MARIA L	
STREET ADDRESS	1700 PENNSYLVANIA AVE., NW SUITE 700	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE MARTIN	
STREET ADDRESS	201 INTERNATIONAL CIRCLE, Suite 150	
CITY-ST-ZIP	HUNT VALLEY, MD 21030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig R. Hartman	
STREET ADDRESS	8403 Colesville Road, Suite 900	
CITY-ST-ZIP	Silver Spring, MD 20910	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Craig R. Hartman

Date

8/31/2000

Daytime Phone #

301-273-6025

CR2E034 (5/00)