

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F99000004696**

1. Entity Name  
**SDH I, INC.**



Principal Place of Business  
**9801 WASHINGTONIAN BLVD.  
GAITHERSBURG MD 20878**

Mailing Address  
**PO BOX 352  
BUFFALO NY 14240-0352**

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 **52-2134776**  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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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	<b>PD LANDEL, MICHEL 9801 WASHINGTONIAN BLVD. GAITHERSBURG MD 20878</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>* PLEASE SEE ATTACHED LISTING</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BUSH, JOHN 9801 WASHINGTONIAN BLVD. GAITHERSBURG MD 20878</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDAS STERN, ROBERT A 9801 WASHINGTONIAN BLVD. GAITHERSBURG MD 20878</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS ALLEN, RICHARD 10 EARTHART DR. WILLIAMSVILLE NY 14221</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LAWRENCE, OLLIE JR. 9801 WASHINGTONIAN BLVD. GAITHERSBURG MD 20878</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MULLIGAN, THOMAS M 9801 WASHINGTONIAN BLVD. GAITHERSBURG MD 20878</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*RICHARD HALON* **RICHARD HALON 4/18/03**

866-372-8291 opt 3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

*Attachment #*

F99000004696

SDH I, INC.

*11015736*

**OFFICERS:**

**President:** Michel Landel

**Vice Presidents:** Robert A. Stern  
Richard Macedonia  
John M. Bush  
Ollie Lawrence, Jr.  
Richard Brockland  
Thomas M. Mulligan

**Secretary:** Scott Robins

**Asst Secretaries:** Richard H. Allen  
Business Address (10 Earhart Drive, Williamsville NY 14221)  
Leslie Jones  
Brenda P. Fuller  
Robert A. Stern  
Anthony Viola  
David Hayes  
Thomas R. Morse  
Anastasia E. Sweeney

**Treasurer:** Vacant

**Asst Treasurers:** Marc Blass

**DIRECTORS:**

Michel Landel  
Robert A. Stern  
John M. Bush

**Business Address for the Above**

**Named Officers and Directors:**

9801 Washingtonian Blvd  
Gaithersburg, MD 20878

**State of Incorporation**

Delaware

**Federal I.D. No.**

52-2134776