2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	F99000005005
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1. Entity Name
THE TOWN AND COUNTRY HOLDING CORPORATION I



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03 FEB 26 PM 2:41

								SECRETARY OF STATE				
Principal Place of Business 100 SOUTH CHARLES STREET. SUITE 1700 BALTIMORE MD 21201			100 \$	Mailing Address 100 South Charles Street. Suite 1700 Baltimore MD 21201				SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Principal Place of Business 3. Mailing Address				ling Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	FEI Number 52-1838101	Applied For Not Applicable			
Zip		Country Zip Cou				try	5.	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current I	Registere	d Agent		7. Name and Address of New Registered Agent						
•						Name						
C T CORPORATION SYSTEM					-	Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324												
•						City		F	Zip C	ode		
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. 3 1 5 5 2 8												
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if app	licable. (NOTE	Registered	d Agent signate	ure required when r	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 \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PD Delete				TITLE		D . Change 🙀 Addition					
NAME	SCHULWEIS, HARVEY				NAM	E	Berick, James H					
STREET ADDRESS						TREET ADDRESS 4900 Key Tower, 127 Pub			lic Square			
CITY-ST-ZIP		E MD 21201			CITY-	-ST-ZIP	Cleveland, OH 44114					
TITLE	SRVP	DALD		Defete	TITLE		D -		☐ Chang	ge x∤⊡ Addition		
NAME	HAAK, GE		NUTE 47	'nn	NAME		Kendis	Kendis, Alvin M.				
STREET ADDRESS CITY-ST-ZIP	100 SOUTH CHARLES STREET, SUITE 1700 BALTIMORE MD 21201					ET ADDRESS -ST-ZIP	100 Sõuth Charles Street, Suite 1700 Baltimore, MD 21201					
TITLE	SD BEDICK D	ANDEL O		☐ Delete	TITLE		S	D	X Chang	ge 🗌 Addition		
NAME STREET ADDRESS	BERICK, DANIEL G				NAME	ET ADDRESS	Berick, Daniel G					
CITY-ST-ZIP	CLEVELAND OH 44114					-ST-ZIP	4900 Key Tower, 127 Public Square Cleveland, OH 44114					
TITLE	SVPT			☐ Delete	TITLE		D	3114, 011	☐ Chang	ie 🔀 Addition		
NAME	DOLPHIN,	JAMES			NAME		_	d, Frank				
STREET ADDRESS	100 SOUTH CHARLES STREET, SUITE 1700			STRE	ET ADDRESS	100 South Charles Street, Suite 1700						
CITY-ST-ZIP		E MD 21201			CITY-	-ST-ZIP		ore, MD 21201				
TITLE	CD			Delete	TITLE		SVP		Chang	je ∑atAddition		
NAME					NAME		Brodie	rodie, Thomas L				
STREET ADDRESS CITY-ST-ZIP		H CHARLES STREET, S E MD 21201	OHE 17	vv		et address -St-Zip		uth Charles Street, S ore, MD 21201	uite l	700		
TITLE				☐ Delete	TITLE		SVP		☐ Chang	pe xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
NAME					NAME			, Alan W.				
STREET ADDRESS						ET ADDRESS	100 So	uth Charles Street, S	uite l	700		
CITY-ST-ZIP		 				ST-ZIP		ore, MD 21201				
12. Thereby of	ertify that the	information supplied with	this filing	does not qualify for	the exer	nption stat	ed in Section	119.07(3)(i), Florida Statutes. I further of	ertify that the	e 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.

GNATURE:

| Comparison of 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:

Date

Daytime Phone #