

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006604

Entity Name: AB INTERCHANGE, INC.

FILED
Apr 10, 2012
Secretary of State

Current Principal Place of Business:

300 EAST LOMBARD STREET
SUITE 1200
BALTIMORE, MD 21202

New Principal Place of Business:

Current Mailing Address:

300 EAST LOMBARD STREET
SUITE 1200
BALTIMORE, MD 21202

New Mailing Address:

FEI Number: 52-2206317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PRUGH, JOHN M
Address: 300 EAST LOMBARD STREET, SUITE 1200
City-St-Zip: BALTIMORE, MD 21202

Title: VP
Name: TIMOTHY, GISRIEL M
Address: 300 EAST LOMBARD STREET, SUITE 1200
City-St-Zip: BALTIMORE, MD 21202

Title: VP/S
Name: FLYNN, KATHLEEN
Address: 300 EAST LOMBARD STREET, SUITE 1200
City-St-Zip: BALTIMORE, MD 21202

Title: TREA
Name: GISRIEL, TIMOTHY M
Address: 300 EAST LOMBARD STREET, SUITE 1200
City-St-Zip: BALTIMORE, MD 21202

Title: VP
Name: BURTON, THOMAS R
Address: 300 EAST LOMBARD ST. STE 1200
City-St-Zip: BALTIMORE, MD 21202

Title: AS
Name: WOLFE, DAVID E
Address: 300 EAST LOMBARD ST. STE 1200
City-St-Zip: BALTIMORE, MD 21202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID WOLFE

AS

04/10/2012

Electronic Signature of Signing Officer or Director

Date