## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT, (UBR)

DOCUMENT # K22808 1. Entity Name Midland Equity Corporation DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 33 N. Garden Avenue Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED 03 JUN 26 AM 8:52 SEGRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

## 218 N. Charles Street Suite 500

21201

City & State

Baltimore. MD

DO NOT WRITE IN THIS SPACE

**Pinellas** 

|                |                                   | •              | 00 . 10qu 04      |  |
|----------------|-----------------------------------|----------------|-------------------|--|
|                | 7. Name and Address of Current    | t Registered A | Agent             |  |
| Name Robe      | rt J. Banks                       |                |                   |  |
| Street Address | (P.O. Box Number is Not Acceptabl | e)             |                   |  |
| 33 N. Gard     | en Avenue, Suite 1200             |                |                   |  |
| City Clearwa   | ater                              | FL             | Zip Code<br>33756 |  |

59-2892516

4. FEI Number

5. Certificate of Status Desired

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.

100021159041

| SIGNATO  | Signature, typed or printed name of registered agent and title if app | licable. |
|----------|---|----------|
| 11 34 11 | January 1 - May 1 Fee is \$150.00                                     |          |
| ti -     | After May 1, Fee is \$550.00  |          |
| Ţ .      | Amanded HRQ is \$61.25  |          |

1200

33755

SIGNATURE.

City & State

Clearwater, FL

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Applied For

\$8.75 Additional

Not Applicable

| Make Check Payable to Florida Department of State |  |                                       | Trust Fund Contribution. L. Added to Fees |  |  |  |
|---|--|---------------------------------------|---|--|--|--|
| 10.   | OFFICERS AND DIRECTORS   |                                       |   | v* 1   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             | DC/Robert J. Banks<br>33 N. Garden Avenue, Suite 1200<br>Clearwater, FL. 33756     | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | w  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             | PS/Keith J. Gloeckl<br>33 N. Garden Avenue, Suite 1200<br>Clearwater, FL. 33756    | TITLE NAME STREET AUDRESS CITY-ST-ZIP | No  | in the second se |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             | EVPT/Don R. Reynolds<br>33 N. Garden Avenue, Suite 1200<br>Clearwater, FL33756     | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE                              | # 1. A   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             | SVP/Thomas Vandegrift<br>33 N. Garden Avenue, Suite 1200<br>Clearwater, FL. 33756i | TITLE NAME STREET ADDRESS CITY-ST-ZIP | IN THIS SPACE                             |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             | D/Mark Joseph<br>218 N. Charles Street, Suite 500<br>Baltimore, MD 21201           | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             | D/Michael Falcone<br>218 N. Charles Street, Suite 500<br>Baltimore, MD. 21201      | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 78  | 1  |  |  |

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 on an attachment with an address, with all other like-empowered.

SIGNATURE:



5

ACCOUNT NO.

072100000032

REFERENCE :

147066

4306747

AUTHORIZATION

COST LIMIT

ORDER DATE: June 25, 2003

ORDER TIME :

11:06 AM

ORDER NO. :

147066-010

CUSTOMER NO:

4306747

CUSTOMER: Gayle Aiken, Legal Assistant

Honigman Miller Schwartz And

Suite 2290

660 Woodward Avenue Detroit, MI 48226

ANNUAL REPORT FILING

NAME:

MIDLAND EQUITY CORPORATION

| XX ANNUAL REPORT |                           |      |       |       |      |        |    |         |
|------------------|---------------------------|------|-------|-------|------|--------|----|---------|
| PLEASE           | RETURN '                  | THE  | FOLLO | WING  | AS   | PROOF  | OF | FILING: |
| XX<br>XX         | CERTIF<br>PLAIN<br>CERTIF | STAM | PED C |       | STA  | MDING  |    |         |
| CONTACT          | PERSON                    | : S  | usie  | Knigh | nt-E | XT#115 | 6  |         |

EXAMINER'S INITIALS: