

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M01000000493

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Entity Name:** WHITNEY, BAILEY, COX & MAGNANI, LLC

**Current Principal Place of Business:**

849 FAIRMOUNT AVE.  
TOWSON, MD 21286

**New Principal Place of Business:**

849 FAIRMOUNT AVE.  
#100  
TOWSON, MD 21286

**Current Mailing Address:**

849 FAIRMOUNT AVE.  
TOWSON, MD 21286

**New Mailing Address:**

849 FAIRMOUNT AVE.  
#100  
TOWSON, MD 21286

**FEI Number:** 52-1081866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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: CT CORPORATION

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: VP  
Name: SUGSS, DOUGLAS  
Address: 849 FAIRMOUNT AVE  
City-St-Zip: TOWSON, MD 21286

Title: VP  
Name: DER, PHILIP  
Address: 849 FAIRMONT AVE  
City-St-Zip: TOWSON, MD 21286

Title: PRES  
Name: KRIEBEL, LEON  
Address: 849 FAIRMONT AVE  
City-St-Zip: BALTIMERE, MD 21286

Title: VP  
Name: LEGALUPPI, MARCO  
Address: 849 FAIRMONT AVE  
City-St-Zip: BALTIMERE, MD 21286

Title: VP  
Name: SHAFER, MARK  
Address: 849 FAIRMONT AVE  
City-St-Zip: BALTIMERE, MD 21286

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LEON KRIEBEL

PRES

09/28/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date