

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90233 050 ***150.00

DOCUMENT # M83879

1. Entity Name
CHURCH STREET STATION, INC.

Principal Place of Business

Mailing Address

~~111 MARKET PLACE~~

~~111 MARKET PLACE~~

~~SUITE 200~~

~~SUITE 200~~

~~BALTIMORE MD 21202~~

~~BALTIMORE MD 21202~~

~~US~~

J I J I I I



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

250 West Pratt St., 23rd Fl.

250 West Pratt St., 23rd Fl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Balt., MD

City & State

Balt., MD

4. FEI Number **52-1858030**

Applied For

Not Applicable

Zip

Country

21201

USA

Zip

Country

21201

USA

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name **N/A**

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.

SIGNATURE **N/A**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
 NAME **KESLER, STEVEN D**
 STREET ADDRESS **111 MARKET PL., SUITE 530**
 CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **SKOWRONSKI, DAN R**
 STREET ADDRESS **111 MARKET PLACE, SUITE 200**
 CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE **DC** Change Addition
 NAME **David A. Brune**
 STREET ADDRESS **250 West Pratt St., 20th Floor**
 CITY-ST-ZIP **Baltimore, Maryland 21201**

TITLE **VT** Delete
 NAME **GARMAN, CHARLES E JR**
 STREET ADDRESS **111 MARKET PLACE, SUITE 200**
 CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE **S** Change Addition
 NAME **Donna M. Levy**
 STREET ADDRESS **250 West Pratt St., 23rd Floor**
 CITY-ST-ZIP **Baltimore, Maryland 21201**

TITLE **C** Delete
 NAME **HAUGHT, DANIEL L**
 STREET ADDRESS **111 MARKET-PL., SUITE 200**
 CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AT** Delete
 NAME **KEEFE, JOHN R JR**
 STREET ADDRESS **111 MARKET PL., SUITE 200**
 CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna M. Levy **Donna M. Levy, Secretary** 2/1/01 **410.783.3076**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)