

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90150 002 ***150.00

DOCUMENT # P00000093495

1. Entity Name

CA TWO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1201 Winterson Road

Suite, Apt. #, etc.

3. Mailing Address

1201 Winterson Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Linthicum, MD

Zip
21090

Country
USA

City & State
Linthicum, MD

Zip
21090

Country
USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City
Tallahassee

FL

Zip Code

32301-2525

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

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President, and CEO Gary B. Smith 1201 Winterson Road Linthicum, MD 21090
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Senior Vice President, and CFO Joesph R. Chinnici 1201 Winterson Road Linthicum, MD 21090
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Senior VP, and Secretary Michael O. McCarthy III 1201 Winterson Road Linthicum, MD 21090
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, Treasurer, and Controller Andrew C. Petrik 1201 Winterson Road Linthicum, MD 21090
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Andrew C. Petrik

4-22-02

410-694-5972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #