FILED
Jul 04, 2002 8:00 am
Secretary of State
05-28-2002 91739 020 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000087766

1. Entity Name

SHELL CITY DEVELOPMENT CORP

DO NOT WRITE IN THIS SPACE

96468

2. Principal Place of Business	3. Mailing Address
1040 PARK AVENUE	SAME
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc.
City & State BALTIMORE MD	City & State
Zip 21201 Country USA	Zip Country

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4. FEI Number 52-1104633 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: THOMAS D. LUMPKIN

Street Address (P.O. Box Number is Not Acceptable): 2655 LE JEUNE ROAD, SUITE GABLES INTERNATIONAL PLAZA

City: CORAL GABLES FL Zip Code: 33134

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: THOMAS D. LUMPKIN, II ESQ. 6/26/02
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 to 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	PSD	TITLE	
NAME	RODGERS, THEO C.	NAME	
STREET ADDRESS	1040 PARK AVENUE, SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD. 21201	CITY-ST-ZIP	
TITLE		TITLE	
NAME	ADAMS, WILLIAM L.	NAME	
STREET ADDRESS	1040 PARK AVENUE, SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD. 21201	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	VENABLE, GERTRUDE A.	NAME	
STREET ADDRESS	1040 PARK AVENUE, SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD. 21201	CITY-ST-ZIP	
TITLE	ASV	TITLE	
NAME	JOHNSON, CALLIE B.	NAME	
STREET ADDRESS	1040 PARK AVENUE SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD. 21201	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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: Callie B Johnson Sr. V.P. Asst. G.C. 5/1/02 (410) 783-3207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #