

2600 UNIFORM BUSINESS REPORT (UBR)

Pg 192

DOCUMENT # P18950

1. Entity Name

HUMAN AFFAIRS INTERNATIONAL, INCORPORATED

FILED

00 SEP 13 PM 3:25

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

Principal Place of Business

10150 S CENTENNIAL PKWY
SANDY UT 84070
US

Mailing Address

10150 S CENTENNIAL PKWY
SANDY UT 84070
US

2. Principal Place of Business

6950 Columbia Gateway Dr

3. Mailing Address

6950 Columbia Gateway Drive

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

400

City & State

Columbia, MD

City & State

Columbia, MD

Zip

21046

Country

Howard

Zip

21046

Country

Howard



DO NOT WRITE IN THIS SPACE

4. FEI Number

87-0300539

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE DV ☐ Delete
NAME MCLURE, HOWARD ALEX
STREET ADDRESS 3414 PEACHTREE RD NE #1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE D ☒ Delete
NAME MCKNIGHT, CRAIG LEROY
STREET ADDRESS 3414 PEACHTREE RD NE #1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE VCFO ☐ Delete
NAME BENDORAITIS, THOMAS
STREET ADDRESS 10150 S CENTENNIAL PKWY
CITY-ST-ZIP SANDY CITY UT 84070

TITLE S ☐ Delete
NAME SMITH, BERGETTA INMAN
STREET ADDRESS 10150 S CENTENNIAL PKWY
CITY-ST-ZIP SANDY CITY UT 84070

TITLE D ☐ Delete
NAME NEWLIN, LINTON CLARKE
STREET ADDRESS 3414 PEACHTREE RD NE #1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE T ☐ Delete
NAME SANFORD, CHARLOTTE AMIL
STREET ADDRESS 3414 PEACHTREE RD NE #1400
CITY-ST-ZIP ATLANTA GA 30326

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P ☒ Change ☐ Addition
NAME Gregory Bayer
STREET ADDRESS 13736 Riverport Drive
CITY-ST-ZIP Maryland Heights MO 63043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 100003392191--6

TITLE D/V/CFO ☒ Change ☐ Addition
NAME Thomas Bendoraitis
STREET ADDRESS 6950 Columbia Gateway Drive
CITY-ST-ZIP Columbia MD 21046

TITLE V/S ☒ Change ☐ Addition
NAME Mark S. Demilio
STREET ADDRESS 6950 Columbia Gateway Drive
CITY-ST-ZIP Columbia MD 21046

TITLE D/V ☒ Change ☐ Addition
NAME Linton C. Newlin
STREET ADDRESS 577 Mulberry Street
CITY-ST-ZIP Macon GA 31202

TITLE T ☒ Change ☐ Addition
NAME Charlotte Sanford
STREET ADDRESS 6666 Powers Ferry Road, Suite 100
CITY-ST-ZIP Atlanta GA 30339

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:

Mark S. Demilio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK S. DEMILIO, VP & SECRETARY

9/8/00

Date

410-953-4702

Daytime Phone #

pg 2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 827597 5028257

AUTHORIZATION :

COST LIMIT : \$ 550.00

Patricia Pizito

ORDER DATE : September 12, 2000

ORDER TIME : 9:49 AM

ORDER NO. : 827597-010

CUSTOMER NO: 5028257

CUSTOMER: Ms. Maria Ayub
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: HUMAN AFFAIRS INTERNATIONAL,
INCORPORATED

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Allison Smith~~ - Ext. 1155

Janna Wilson

EXAMINER'S INITIALS: _____

RECEIVED
00 SEP 13 AM 10:44
DEPARTMENT OF STATE
DIVISION OF CORPORATE
REGISTRATION
TALLAHASSEE, FL 32310