

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21818

1. Entity Name

PMC FINANCIAL SERVICES, INC.



FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90088 026 ***550.00

Principal Place of Business

4550 MONTGOMERY AVE
1150
BETHESDA MD 20814
US

Mailing Address

4550 MONTGOMERY AVE
1150
BETHESDA MD 20814
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1403015

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BEASLEY, GAYE G.
STREET ADDRESS 4550 MONTGOMERY AVE #1150
CITY-ST-ZIP BETHESDA MD

TITLE Asst. Vice President ☐ Change ☒ Addition
NAME Kimberly A. Keller
STREET ADDRESS 4550 Montgomery Ave., Suite 1150
CITY-ST-ZIP Bethesda, MD 20814

TITLE VD ☐ Delete
NAME COMINGS, WILLIAM D
STREET ADDRESS 4550 MONTGOMERY AVE #1150
CITY-ST-ZIP BETHESDA MD

TITLE Executive Vice President/Director ☒ Change ☐ Addition
NAME William D. Comings, Jr.
STREET ADDRESS
CITY-ST-ZIP

TITLE AV ☐ Delete
NAME BROWNLEY, CARY N
STREET ADDRESS 4550 MONTGOMERY AVE, STE 1150
CITY-ST-ZIP BETHESDA MD 20814

TITLE Vice President ☒ Change ☐ Addition
NAME Cary N. Brownley
STREET ADDRESS
CITY-ST-ZIP

TITLE ATS ☐ Delete
NAME SUCHAR, KAREN F
STREET ADDRESS 4550 MONTGOMERY AVE #1150
CITY-ST-ZIP BETHESDA MD 20814

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

TITLE D ☐ Delete
NAME HAYNES, WALTER
STREET ADDRESS 2 WISCONSIN CIR 400
CITY-ST-ZIP CHEVY CHASE MD

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

TITLE VT ☐ Delete
NAME MARTIN, HELEN
STREET ADDRESS 4550 MONTGOMERY AVE
CITY-ST-ZIP BETHESDA MD

TITLE Senior Vice President/Treas. ☒ Change ☐ Addition
NAME Helen Sue Martin
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:

[Signature]

8/29/00

301/718-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Senior Vice President and Treasurer

Date

Daytime Phone #

CR2E034 (5/00)