

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P29127**1. Entity Name
HIQ CORPORATE SERVICES, INC.

Principal Place of Business	Mailing Address
516 N. CHARLES ST. 501 BALTIMORE MD 21201	516 N. CHARLES ST. 501 BALTIMORE MD 21201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1679517

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentNATIONSCORP REGISTERED AGENTS, INC.
526 EAST PARK AVENUE
SUITE 200
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)

03/16/2001

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LISA A 516 N CHARLES ST, SUITE 501 BALTIMORE MD 21201	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROTT JAMES CJR 516 N CHARLES ST, SUITE 501 BALTIMORE MD 21201	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUIGLEY JENNIFER L 516 N CHARLES ST, SUITE 501 BALTIMORE MD 21201	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STROTT JAMES CJR 516 N CHARLES ST, SUITE 501 BALTIMORE MD 21201	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STROTT JAMES CJR 516 N CHARLES STREET, SUITE 501 BALTIMORE MD 21201	☒ Change ☐ Addition

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: LISA A. STARRY

VP

03/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)