

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90009 004 ***150.00

DOCUMENT # P29338

1. Entity Name

WHITE SWAN, INC.

Principal Place of Business

9755 PACTUXENT WOODS DR
 COLUMBIA MD 21046
 US

Mailing Address

9755 PACTUXENT WOODS DR
 COLUMBIA MD 21046
 US

2. Principal Place of Business

9755 Patuxent Woods Drive

Suite, Apt. #, etc.

3. Mailing Address

9755 Patuxent Woods Driv

Suite, Apt. #, etc.

City & State

Columbia, MD

City & State

Columbia, MD

Zip

21056

Country

USA

Zip

21046

Country

USA

4. FEI Number

75-2333895

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 32301-2525**

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 \$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 **PCED** ☐ Delete
 NAME **MILLER, JAMES L**
 STREET ADDRESS **9755 PATUXENT WOODS DR**
 CITY-ST-ZIP **COLUMBIA MD 21046**

TITLE **S** ☐ Delete
 NAME **ABRAMSON, DAVID M**
 STREET ADDRESS **9755 PATUXENT WOODS DR**
 CITY-ST-ZIP **COLUMBIA MD 21046**

TITLE **T** ☐ Delete
 NAME **GILLISON, ROBERT W**
 STREET ADDRESS **9755 PATUXENT WOODS DR**
 CITY-ST-ZIP **COLUMBIA MD 21046**

TITLE **VP** ☒ Delete
 NAME **MEGGS, GEORGE T**
 STREET ADDRESS **9755 PATUXENT WOODS DR**
 CITY-ST-ZIP **COLUMBIA MD 21046**

TITLE **AS** ☐ Delete
 NAME **HARRISON, FAITH E**
 STREET ADDRESS **9755 PATUXENT WOODS DR**
 CITY-ST-ZIP **COLUMBIA MD 21046**

TITLE **AT** ☒ Delete
 NAME **MORENA, JOAN**
 STREET ADDRESS **613 BALTIMORE DRIVE**
 CITY-ST-ZIP **WILKES-BARRE PA 18702**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 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:

Faith E. Harrison

Faith E. Harrison

2/11/01

Date

(410) 312-7567

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)