

2000 UNIFORM BUSINESS REPORT (UBR)

11-08865

DOCUMENT # P29450

1. Entity Name
MONUMENTAL INVESTMENT CORPORATION

FILED

00 FEB 16 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2207 MONUMENTAL AVE 2207 MONUMENTAL AVE
BALTIMORE MD 21227 BALTIMORE MD 21227

2. Principal Place of Business 3. Mailing Address

4530 Hollins Ferry Rd. 4530 Hollins Ferry Rd.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Baltimore, MD 21227 Baltimore, MD

Zip Country Zip Country

21227 USA 21227 USA

4. FEI Number Applied For

52-1222529 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 Agent

**CT CORPORATION
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City State Zip Code

Tallahassee FL 32301

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 **Lamont W. Jones, Asst. Vice President** 2/15/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	RITCHIE, M. DELMAR, JR.	
STREET ADDRESS	905 RAVENSHEAD HILL	
CITY-ST-ZIP	SHERWOOD FOREST MD	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, ROBERT T.	
STREET ADDRESS	1233 NOTTINGHAM ROAD	
CITY-ST-ZIP	WESTMINSTER MD	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEREZ, ADALBERTO A.	
STREET ADDRESS	7014 PELICAN ISLAND DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CHAPMAN, PARKER O JR.	
STREET ADDRESS	1 EVANS HILL	
CITY-ST-ZIP	SHERWOOD FOREST MD	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOLLERBACH, JOHN P	
STREET ADDRESS	12125 DUSK VIEW CRT	
CITY-ST-ZIP	CLARKSVILLE MD 21029	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHORR, DAVID A	
STREET ADDRESS	10 WYNDCREST AVE	
CITY-ST-ZIP	BALTIMORE MD 21228	

TITLE	President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. Delmar Ritchie, Jr.	
STREET ADDRESS	4530 Hollins Ferry Road	
CITY-ST-ZIP	Baltimore, MD 21227	
TITLE	Chief Executive Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parker O. Chapman	
STREET ADDRESS	4530 Hollins Ferry Road	
CITY-ST-ZIP	Baltimore, MD	
TITLE	Executive Vice President/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey M. Levy SOLE Director	
STREET ADDRESS	101 Merritt Seven	
CITY-ST-ZIP	Norwalk, CT 06851	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Donelan	
STREET ADDRESS	101 Merritt Seven	
CITY-ST-ZIP	Norwalk, CT 06851	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adalberto A. Perez	
STREET ADDRESS	4530 Hollins Ferry Road	
CITY-ST-ZIP	Baltimore, MD 21227	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 02/04/00 (203) 849-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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