

# 2000 UNIFORM BUSINESS REPORT (UBR)

11-48865

DOCUMENT # P29450

1. Entity Name

MONUMENTAL INVESTMENT CORPORATION

FILED

00 FEB 16 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2207 MONUMENTAL AVE  
BALTIMORE MD 21227

Mailing Address

2207 MONUMENTAL AVE  
BALTIMORE MD 21227

2. Principal Place of Business

4530 Hollins Ferry Rd.

3. Mailing Address

4530 Hollins Ferry Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Baltimore, MD 21227

City & State

Baltimore, MD

4. FEI Number

52-1222529

Applied For

Not Applicable

Zip

21227

Country

USA

Zip

21227

Country

USA

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

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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           |  |
| 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       |  |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/00

(203) 849-7800

Date

Daytime Phone #

CR2E034 (9/99)