

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM  
Secretary of State

DOCUMENT # **P34785**

1. Entity Name  
BLACK'S GUIDE, INC.

Principal Place of Business  
444 N FREDRICK AVE STE 240  
GAITHERSBURG MD 20877

Mailing Address  
444 N FREDRICK AVE STE 240  
GAITHERSBURG MD 20877

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  
**52-1579080**

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 Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

## 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 \_\_\_\_\_ DATE **04/26/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input checked="" type="checkbox"/> Delete
NAME	THOMSON DAVID K	
STREET ADDRESS	65 QUEEN STREET	
CITY-ST-ZIP	TORONTO CANADA M5H2M8	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRIPOTOS SPERO L	
STREET ADDRESS	11501 LUVIE COURT	
CITY-ST-ZIP	POTOMAC MD 20854	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVY ROBERT A	
STREET ADDRESS	5630 WISCONSIN AVE	
CITY-ST-ZIP	CHEVY CHASE MD 20815	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KANTER DAVID M	
STREET ADDRESS	1910 SUNDERLAND PLACE N.W.	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	T	<input type="checkbox"/> Delete
NAME	MENZIES DONALD P	
STREET ADDRESS	7704 BLAIR RD STE 101	
CITY-ST-ZIP	TAKOMA PK MD 20912	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	DESIMONE MICHAEL A	
STREET ADDRESS	444 N FREDRICK AVE STE 240	
CITY-ST-ZIP	GAITHERSBURG MD 20877	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **DONALD MENZIES**

T

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**NEIL MORAN CFO**  
**444 N FREDERICK AVE, SUITE 240**  
**GAITHERSBURG, MD 20877**