

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

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02 AUG 19 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P34785*

1. Entity Name
Black's Guide, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 444 North Frederick Avenue		3. Mailing Address 444 North Frederick Avenue	
Suite, Apt. #, etc. Suite 240		Suite, Apt. #, etc. Suite 240	
City & State Gaithersburg, MD		City & State Gaithersburg, MD	
Zip 20877-2432	Country Montgomery	Zip 20877-2432	Country Montgomery

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1579080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
City Plantation
State FL
Zip Code 33324

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 _____
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) <input checked="" type="checkbox"/>	<p>January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State.</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael DeSimone, President and Chief Executive Officer 444 North Frederick Avenue, Suite 240 Gaithersburg, MD 20877-2432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peggy Koenig, Director and Vice President 111 Huntington Avenue, 30th Floor Boston, MA 02199	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800007196638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.J. Brucato, III, Vice President and Secretary 111 Huntington Avenue, 30th Floor Boston, MA 02199	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* C.J. Brucato, III, Vice President 8/16/02 617-859-2959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ACCOUNT NO. : 072100000032
 REFERENCE : 705590 ~~4338256~~
 AUTHORIZATION : *Patricia Kynto*
 COST LIMIT : \$ 558.75

ORDER DATE : August 14, 2002
 ORDER TIME : 10:0 AM
 ORDER NO. : 705590-025
 CUSTOMER NO: 4338256
 CUSTOMER: Mr. Henry Rosas
 Kirkland & Ellis
 153 East 53rd Street
 39th Floor
 New York, NY 10022

ANNUAL REPORT FILING

NAME: BLACK'S GUIDE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XXX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Pollye Janisse - Ext. 1154

EXAMINER'S INITIALS: _____

RECEIVED
 02 AUG 19 AM 11:33
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA