

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35197

1. Entity Name

AFFILIATED SERVICES, INC., A MARYLAND CORPORATIO

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90041 033 \*\*\*550.00

Principal Place of Business

7301 PARKWAY DR  
HANOVER MD 21076  
US

Mailing Address

7301 PARKWAY DR  
HANOVER MD 21076  
US

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

52-1304931

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME ☐ Delete

OC  
BISCIOTTI, STEPHEN J  
7301 PARKWAY DR  
HANOVER MD

TITLE NAME ☐ Delete

OC  
DAVIS, JAMES C  
7301 PARKWAY DR  
HANOVER MD

TITLE NAME ☐ Delete

P  
CAREY, JOHN T  
7301 PARKWAY DR  
HANOVER MD

TITLE NAME ☒ Delete

SVP  
SALANDRA, MICHAEL  
14815 MICHELE DR  
GLENELG MD

TITLE NAME ☐ Delete

T  
STANDEVEN, DAVID J  
4463 S MEADOWS CT  
ELLCOTT CITY MD

TITLE NAME ☐ Delete

S  
SONES, RANDALL  
7301 PKWY DR  
HANOVER MD

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☒ Change ☐ Addition

Vice President of Operation  
and Treasurer

TITLE NAME ☐ Change ☐ Addition

Vice President and Secretary

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**

8/18/00

Date

4105793500

Daytime Phone #

CR2E034 (5/00)