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

The While House Stores, Inc.

DOCUMENT # P 38405

1. Entity Name

SIGNATURE:

# **FILED** Jul 09, 2002 8:00 am Secretary of State 07-09-2002 90377 036 \*\*\*158.75

Daytime Phone #

DO NOT WRITE IN THIS SPACE			B0127914		
2. Principal Place of Business  6711 Baymendow Prive  Suite, Apt. #, etc.  Suite. A	Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Glen Burnic, MD	City & State Glen Burnie , MD		4. FEI Number 52-1413575	Applied For Not Applicable	
Zip Country		Country	5 Certificate of Status Desired X	8.75 Additional see Required	
21060-6401 USA	# (000 G (0)	7. Name and Address of Current Registered Agent			
	·	Name H	IA Corporate Services Inc		
DO NOT WRITE		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
<del>دىن دىن دارى دىن دىنىڭ ئېرىكە سىنىكى گېنىڭ ئېزىنى بېرى</del> چىچى ئاينىدى ئىيكىپ ، يېرى		526 East Park Avenue			
IN THIS SPACE		Suite 200			
		City Zip Code			
			Talianassee - Justi		
8. The above named entity submits this statement for signature.  Signature, typed or printed name of registered agent an		istered office of regist			
A. This corporation is climible to catiefy its integrible.  January 1 - May 1 Fee is \$150.00					
9. This corporation is eligible to satisfy its intangule		ee.is.\$550.00	00 10. Election Campaign Financing \$5.00 May Be		
(See criteria on back)	Amended UI Make Check Payable t	BR is \$61.25 o Denartment of S	Trust Fund Contribution.	Added to Fees	
11. OFFICERS AND D		- Dopartinon			
TITLE		TITLE		3	
NAME		NAME	B. Carlotte and Car	12/	
STREET ADDRESS		STREET ADDRESS	REET ADDRESS		
CITY-ST-ZIP See attached		CITY-ST-ZIP		CRZE034B (12/01)	
TITLE		TITLE		32E	
NAME		NAME		5	
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CITY-ST-ZIP		CITY-ST-ZIP			
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TITLE		TITLE	IN THIS SPAC	E	
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	<del>`</del>	TITLE			
TITLE NAME		NAME	. *		
STREET ADDRESS		STREET ADDRESS	₹	N.	
CITY-ST-ZIP		CITY-ST-ZIP	*		
TITLE		TITLE			
mer .		NAME			
		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
13. I hereby certify that the information supplied with t indicated on this report or supplemental report is t of the corporation or the receiver or trustee empo attachment with an address, with all other like empo	rue and accurate and that my s wered to execute this report as	ionature shall have th	Section 119.07(3)(i), Florida Statutes. I further certif- ie same legal effect as if made under oath; that I am 607, Florida Statutes; and that my name appears i	ran officer or director i	

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Machment

#### **Officers**

**Title** <u>Name</u> **Address President** Richard Sarmiento 6711 Baymeadow Drive Ste A Glen Burnie, MD V. President Michael Smith 6711 Baymeadow Drive Ste A Glen Burnie, MD Patricia Darrow Smith 6711 Baymeadow Drive Ste A Glen Burnie, MD\* Secretary Patricia Darrow Smith 6711 Baymeadow Drive Ste A Glen Burnie, MD Treasurer Stephen Hirsch 6711 Baymeadow Drive Ste A Glen Burnie, MD

### **Board of Directors**

#### Name

Richard Sarmiento
Michael Smith
Patricia Darrow Smith
Stephen Hirsch
Craig Foley
Darry Hartley-Leonard
Michael Machens
Howard Goldstein
Sally Frame Kasaks