## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # **P38702** CORNERSTONE TITLE COMPANY 05-24-2000 90196 019 \*\*\*158.75 Principal Place of Business Mailing Address 11000 BROKEN LAND PARKWAY 11000 BROKEN LAND PARKWAY COLUMBIA MD 21044-3541 COLUMBIA MD 21044 2. Principal Place of Business 3. Mailing Address 6300 Canoga Avenue 6300 Canoga Avenue Suite, Apt. #, etc. 14th Floor Suite, Apt. #, etc. 14th Floor DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-1640103 Woodland Hills, CA Woodland Hills, CA Not Applicable Zip 91367 Country USA \$8.75 Additional 91367 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 110 N. MAGNOLIA ST TALLAHASSEE FL 32301 Zip Code $\mathsf{FL}$ 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Delete [ ] Change ₹ Addition TITLE TITLE NAME NAME THOMPSON, M. MELINDA Cass, Susan STREET ADDRESS STREET ADDRESS 6300 Canoga Ave., 14th Floor 11000 BROKEN LAND PARKWAY CITY-ST-ZIP CITY-ST-7IP <u>Woodland Hills, CA 91367</u> COLUMBIA MD 21044 K Change ☐ Addition C Delete TITLE TITLE VTD Geckle, Timothy J. NAME NAME GECKLE, TIMOTHY STREET ADDRESS STREET ADDRESS 11000 BROKEN LAND PARKWAY 11000 Broken Land Parkway CITY-ST-ZIP CITY-ST-ZIP Columbia, MD 21044 COLUMBIA MD 21044 X Delete ☐ Addition TITLE K Change TITLE AS-Thompson, M. Melinda NAME COHEN, MICHELE L NAME STREET ADDRESS 11000 Broken Land Parkway STREET ADDRESS 1100 BROKEN LAND PKWY CITY-ST-ZIP Columbia, MD 21044 CITY-ST-ZIP COLUMBIA MD 21044 ☐ Addition Change

CITY-ST-ZIP CITY-ST-7IP 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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

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NAME STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

IVESTER, ANN M

COLUMBIA MD 21044

11000 BROKEN LAND PARKWAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K Delete

☐ Delete

Delete

5/1/00

(818) 251-4100

Change

☐ Change

☐ Addition

☐ Addition

Date

Daytime Phone #