

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38882

1. Entity Name

AGCA, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90113 007 \*\*\*150.00

Principal Place of Business

Mailing Address

3 FRIENDS LANE  
 STE 200  
 NEWTOWN PA 18940  
 US

6950 COLUMBIA GATEWAY DR.  
 STE 400  
 COLUMBIA MD 21046-2706  
 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

23-2204318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete  
 NAME CUMMINGS, ANDREW M  
 STREET ADDRESS 666 THIRD AVE. 5TH FLOOR  
 CITY-ST-ZIP NEW YORK NY 10017

TITLE ☒ Change ☐ Addition  
 NAME *666 Third Avenue, 13th floor*  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DVT ☐ Delete  
 NAME SANFORD, CHARLOTTE A.  
 STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400  
 CITY-ST-ZIP ATLANTA GA 30326

TITLE ☒ Change ☐ Addition  
 NAME *3500 Piedmont Road, NE, Suite 715*  
 STREET ADDRESS *Atlanta, GA 30305*  
 CITY-ST-ZIP

TITLE DAS ☐ Delete  
 NAME BEDENBAUGH, JAMES R.  
 STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400  
 CITY-ST-ZIP ATLANTA GA 30326

TITLE ☒ Change ☐ Addition  
 NAME *3500 Piedmont Road, NE, Suite 715*  
 STREET ADDRESS *Atlanta, GA 30305*  
 CITY-ST-ZIP

TITLE AS ☒ Delete  
 NAME ANCOSKY, MICHELLE H  
 STREET ADDRESS 3414 PEACHTREE RD. NE - STE 1400  
 CITY-ST-ZIP ATLANTA GA 30326

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AS ☒ Delete  
 NAME LANG, MARIAN  
 STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400  
 CITY-ST-ZIP ATLANTA GA 30326

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V ☐ Delete  
 NAME LAZAROFF, DENNIS J  
 STREET ADDRESS 13736 RIVERPORT DR, SUITE 400  
 CITY-ST-ZIP MARYLAND HEIGHTS MO

TITLE ☐ Change ☐ 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:

*Charlotte Sanford*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)