

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90145 009 \*\*\*150.00

AC057479

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> <span style="font-size: 1.2em;">P40863</span>																																																																																																							
<b>1. Entry Name</b> G C Limited Partners I, Inc.																																																																																																							
<b>Principal Place of Business</b> 7500 Grace Drive Columbia, MD 21044		<b>Mailing Address</b> 7500 Grace Drive Columbia, MD 21044																																																																																																					
<b>2. Principal Place of Business</b> 7500 Grace Drive		<b>3. Mailing Address</b> 7500 Grace Drive																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																					
<b>City &amp; State</b> Columbia, MD		<b>City &amp; State</b> Columbia, MD																																																																																																					
<b>Zip</b> 21044		<b>Country</b> USA																																																																																																					
<b>4. FEI Number</b> 65-0344211		<b>Applied For</b> <input type="checkbox"/> Not Applicable																																																																																																					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																					
<b>6. Name and Address of Current Registered Agent</b>  The Prentice Hall Corporation System, Inc. 1201 Hayes St. Ste. 105 Tallahassee FL 32301		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code																																																																																																					
<b>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.</b>																																																																																																							
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																							
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Director &amp; President <input type="checkbox"/> Delete</td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>W. Brian McGowan</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7500 Grace Drive, Columbia, MD 21044</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Director <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Paul J. Norris</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7500 Grace Drive Columbia, MD 21044</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Director, VP &amp; Treasurer <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Robert M. Tarola</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7500 Grace Drive Columbia, MD 21044</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Secretary <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Mark A. Shelnitz</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7500 Grace Drive Columbia, MD 21044</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Assistant Treasurer <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Timothy M. Cremin</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5400 Broken Sound Blvd NW Boca Raton FL 33407</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Assistant Treasurer <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Elyse Napoli Filon</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5400 Broken Sound Blvd NW, Boca Raton, FL 33407</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	Director & President <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	W. Brian McGowan	NAME		STREET ADDRESS	7500 Grace Drive, Columbia, MD 21044	STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	Director <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	Paul J. Norris	NAME		STREET ADDRESS	7500 Grace Drive Columbia, MD 21044	STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	Director, VP & Treasurer <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	Robert M. Tarola	NAME		STREET ADDRESS	7500 Grace Drive Columbia, MD 21044	STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	Secretary <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	Mark A. Shelnitz	NAME		STREET ADDRESS	7500 Grace Drive Columbia, MD 21044	STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	Assistant Treasurer <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	Timothy M. Cremin	NAME		STREET ADDRESS	5400 Broken Sound Blvd NW Boca Raton FL 33407	STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	Assistant Treasurer <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	Elyse Napoli Filon	NAME		STREET ADDRESS	5400 Broken Sound Blvd NW, Boca Raton, FL 33407	STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP	
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<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>																																																																																																							
<b>SIGNATURE:</b> <u>Elyse Napoli Filon</u> <b>Elyse Napoli Filon, Assistant Treasurer</b> <span style="float: right;">4/24/00</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																							

CF2E034 (9/99)

**Directors, Officers Report**  
**G C LIMITED PARTNERS I, INC.**

#P40863  
A0057479

Monday, April 24, 2000

**DIRECTORS**

**W. Brian McGowan**

**Director**

First Elected: Thursday, April 15,  
1999

End Date:

**Paul J. Norris**

**Director**

First Elected: Tuesday, September  
14, 1999

End Date:

**Robert M. Tarola**

**Director**

First Elected: Tuesday, September  
14, 1999

End Date:

**OFFICERS**

**W. Brian McGowan**

**President**

First Elected: Thursday, April 15,  
1999

End Date:

**David B. Siegel**

**Vice President and Assistant Secretary**

First Elected: Tuesday, September  
14, 1999

End Date:

**Robert M. Tarola**

**Vice President and Treasurer**

First Elected: Tuesday, September  
14, 1999

End Date:

**Timothy M. Cremin**

**Assistant Treasurer**

First Elected: Tuesday, August 06,  
1996

End Date:

**Elyse Napoli Filon**

**Assistant Treasurer**

First Elected: Tuesday, September  
14, 1999

End Date:

**Mark A. Shelnitz**

**Secretary**

First Elected: Tuesday, September  
14, 1999

End Date: