

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90246 014 ***150.00

A0065787

DO NOT WRITE IN THIS SPACE

DOCUMENT # P40863

1. Entity Name
 G C Limited Partners I, Inc.

Principal Place of Business **Mailing Address**

7500 Grace Drive Same
 Columbia, Md 21044

2. Principal Place of Business **3. Mailing Address**

7500 Grace Drive Same
 Suite, Apt. #, etc.

City & State **City & State**

Columbia, Md 21044 Columbia, Md 21044

Zip **Country** **Zip** **Country**

US

4. FEI Number **Applied For**

65-0344211 ☐ 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. ☐ **FILE NOW! FEE IS \$150.00** **After MAY 1, 2001 Fee will be \$550.00** **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 Director & President	☐ Delete	TITLE	☐ Change ☐ Addition
NAME W. Brian McGowan		NAME	
STREET ADDRESS 7500 Grace Drive		STREET ADDRESS	
CITY-ST-ZIP Columbia, Md 21044		CITY-ST-ZIP	
TITLE Director	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Paul J. Norris		NAME	
STREET ADDRESS 7500 Grace Drive		STREET ADDRESS	
CITY-ST-ZIP Columbia, Md 21044		CITY-ST-ZIP	
TITLE Director, CFO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Robert M. Tarola		NAME	
STREET ADDRESS 7500 Grace Drive		STREET ADDRESS	
CITY-ST-ZIP Columbia, Md 21044		CITY-ST-ZIP	
TITLE Secretary	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Mark A. Shelnitz		NAME	
STREET ADDRESS 7500 Grace Drive		STREET ADDRESS	
CITY-ST-ZIP Columbia, Md 21044		CITY-ST-ZIP	
TITLE Assistant Treasurer	☐ Delete	TITLE	☐ Change ☐ Addition
NAME David Nakashige		NAME	
STREET ADDRESS 5400 Broken Sound Blvd NW		STREET ADDRESS	
CITY-ST-ZIP Boca Raton, Fl 33487		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Mark Shelnitz **Mark Shelnitz** 4/27/01 410-531-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (11/00)