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2001 UNIFORM BUSINESS REPORT (UBR)

Washelmuter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # P9400001975 1. Entity Name PROPONCIAL INC.							CICaCO.	AA	T	
PROPSYCH, INC.						FILED.				
Dain air at Dia				_			R 30 PM I			
Principal Pia Principal Pial	ce of Business SE RD E.	Mailing Address 6950 COLUMBIA GATEWAY DR STE 400				SEGRI	etarntofis Hassee,ffl	TATE		
¥910		COLUMBIA MD 21046 US				TABLEA	HASSEE, I'I	URIUA		
IS						1 130 11 00 1 1(0 2)	 	(II 88 II) 68I I(liein iniii iar	i d i d ili i da i
2. Principal Place of Business None		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.	FEI Number	59-3220162		<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Countr	у	5.	Certificate of S	Status Desired		8.75 Add ee Require	
	6. Name and Address of Current Re	gistered Agent		Name	7. 1	Name and Ad	dress of New Rec			
CORPORATION SERVICE COMPANY										
1201 HAYS STREET			L	Street Address (P.O. Box Number is Not Acceptable)						
IALL	AHASSEE FL 32301-2525									
				City		<u></u>		FL	Zip Cod	e
Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! After MAY 1, 2001 Make Check Payable			FEE IS	\$ \$150.00 ill be \$550	0.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.	OFFICERS AND DI	RECTORS	12.		AD	DITIONS/CH/	ANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SANFORD, CHARLOTTE A. 6666 3500 PIEDMONT RD, NE STE 775 ATLANTA GA 30320 30339	Powers Ferry Rd Stetoo	NAME STREET CITY-S	ADDRESS T-ZIP	_			[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS BEDENBAUGH, JAMES R. L. 6666 3500 PIEDMONT RD, NE STE 775 ATLANTA GA 30926-30339	Powers Ferry Rd Ste 100	NAME STREET CITY-S	ADDRESS T-ZIP		10	00040		□ Change 5 □ 1 -	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV KOSTIN, JOEL 3000 AERIAL CNTR PKY STE 120 MORRISVILLE NC 27560	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZAROFF, DENNIS J 13736 RIVERPORT DR STE 400 MARYLAND HEIGHTS MD 63403	☐ Delete	TITLE NAME STREET CITY-ST	adoress 1-zip				Į	□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dennis Moody 16950 Golumbia Galewa Columbia MD21046	U Drive, Ste 400	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP				[☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO AS Marks Demilio 6950 Columbia Galewa Columbia MD 21046		CITY-ST					8	□ Change	Addition
of the cor	certify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or trustee empowe , or on an attachment with an address with	red to execute this report as	sianatur	e snali nave	e me same i	edai effect as	it made under oat	h∵that Iam	an officer	or director 1

Daytime Phone #





ACCOUNT NO. : 072100000032

REFERENCE :

131817 5028257

AUTHORIZATION

COST LIMIT

ORDER DATE: April 27, 2001

ORDER TIME: 9:39 AM

ORDER NO. : 131817-015

CUSTOMER NO:

5028257

CUSTOMER: Ms. Maria Ayub

Magellan Health Services, Inc. 6950 Columbia Gateway Drive

Suite 400

Columbia, MD 21046

ANNUAL REPORT FILING

NAME: PROPSYCH, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS:

