	UNIFORM BUSI		RT (	UBR)		FILE			r :.		
DOCUMENT # P95000080227  1. Entity Name HCPIII WOODBRIDGE, INC.						Mar 13, 2001 08:00 AM Secretary of State					
									-		
Principal Place		Mailing Address 910 REDGEBROOK RD									
SPARKS GLEN 21152	COE MD	SPARKS GLENCOE 21152		MD							
2. Principal P	lace of Business	3. Mailing Address 910 RIDGEBROOK RD							-		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WR	ITE IN THIS S	SPACE	–		
City & State sparks glen		City & State sparks glencoe		MD		El Number 2-3347315			oplied For	1	
Zip 21152	Country	Zip 21152	Country	,	1	Certificate of Status Desired		\$8.75 Add	ditional	1	
	6. Name and Address of Current F	Registered Agent			7. N	lame and Address of New			<u></u>	1	
NATIONAL CORPORATE RESEARCH, LTD. INC. 1406 HAYS ST, STE #2				Name Street Addre	ess (P.O. B	ox Number is Not Acceptab	le)			1	
TALLAHAS 32301	SEE FI			City				Zip Cod	- <u></u>		
····				<u> </u>		_ <u></u>	FL	Zip Cou	le .		
8. The above	named entity submits_this statement for	the purpose of changing its re	egistered	office or reg	istered age	ent, or both, in the State of F	lorida.				
SIGNATURE _	Signature, typed or printed name of registered agent a	od title if applicable /NOTE	Registered Ac	gent signature rec		(optobles)	- 03/13/	/2001			
		1. E. A. W.			quiec wien ie	instating)	UAIE			-	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2001  Make Check Payable 1			f Fee wi	II be \$550.	00 State	<ol> <li>Election Campaign F</li> <li>Trust Fund Contribution</li> </ol>	~		0 May Be d to Fees		
11.	OFFICERS AND I	DIRECTORS	12.		AD	DITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	1	
TITLE	D	☐ Delete	TITLE	D				X Change	Addition	9	
NAME PERCE ADDRESS	ELKINS MARSHALL A		NAME		LKINS	MARSHALL A				3	
STREET ADDRESS CITY-ST-ZIP	910 REDGEBROOK RD SPARKS GLENCOE	MD 21152	STREET A		10 RIDGEI PARKS GI	BROOK RD LENCOE	MD	21152		2E034 (11/00)	
TITLE	SD	□ Delete	TITLE	S				■ Change	Addition	32E	
NAME	LEVIN MARC B		NAME	L	EVIN	MARC B		<u>va</u> onungo	reality	8	
STREET ADDRESS CITY-ST-ZIP	910 REDGEBROOK RD SPARKS GLENCOE	MD 21152				BROOK RD	1400	24452			
TITLE	T		CITY-ST	-ZIP SI	PARKS GI	LENCUE	MD	21152		4	
NAME	STEPHENSON ROBERT	Delete	TITLE NAME	_	TEPHENS	ON ROBERT		X Change	Addition Addition		
STREET ADDRESS	910 REDGEBROOK RD					BROOK RD					
CITY-ST-ZIP	SPARKS GLENCOE	MD 21152	CITY-ST	'-ZIP SI	PARKS GI	ENCOE	MD	21152			
TITLE	V FULCHINO MARK	☐ Delete	TITLE	v				X Change	☐ Addition		
NAME STREET ADDRESS	910 REDGEBROOK RD		NAME STREET 4		ULCHINO 10 RIDGEI	MARK BROOK RD					
CITY-ST-ZIP	SPARKS GLENCOE	MD 21152	CITY-ST		PARKS GI		MD	21152			
TITLE	P	☐ Delete	TITLE	P	<del></del>			X Change	Addition		
NAME STREET ADDRESS	PICKETT TAYLOR		NAME		ICKETT	TAYLOR					
CITY-ST-ZIP	910 REDGEBROOK RD SPARKS GLENCOE	MD 21152	CITY-ST		10 RIDGEI PARKS GI	BROOK RD ENCOE	MD	21152			
TITLE		☐ Delete	TITLE	3.	. mass GI		14117	☐ Change	Addition	1	
NAME			NAME					— Onange			
STREET ADDRESS			1	ADDRESS							
CITY-ST-ZIP	and the standard of the standa		CITY-ST								
of the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that my wered to execute this report a:	/ SICIONATI IFA	e chall have	the come i	anal attact se if mada undar	· aath, that I a	m on officer	or director		
SIGNAT	URE: MARK FULCHINO	1 1 2 			v	P 03/13/2001					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date