

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046701

1. Entity Name

CONSTELLATION ENERGY GROUP, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90005 021 ***150.00

Principal Place of Business C/O BALTIMORE GAS AND ELECTRIC COMPANY 39 WEST LEXINGTON ST.- ATTN. D.A. BRUNE BALTIMORE MD 21201	Mailing Address C/O BALTIMORE GAS AND ELECTRIC COMPANY 39 WEST LEXINGTON ST.- ATTN. D.A. BRUNE BALTIMORE MD 21201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 250 W. Pratt St., 20th Fl Suite, Apt. #, etc.	3. Mailing Address 250 W. Pratt St., 20th Fl Suite, Apt. #, etc.
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City & State Baltimore, MD	City & State Baltimore, MD
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4. FEI Number 65-0678844	Applied For <input type="checkbox"/> Not Applicable
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Zip 21201	Country USA	Zip 21201	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T-CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STOLTZ, E J 39 W LEXINGTON ST BALTIMORE MD 21201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RUSZIN, THOMAS E JR. 39 W. LEXINGTON ST. BALTIMORE MD 21201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNE, D A 39 W LEXINGTON ST BALTIMORE MD 21201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 W. Pratt St., 20th Fl Baltimore, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 W. Pratt St., 20th Fl Baltimore, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Edward J. Stoltz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(410) 234-6770
Daytime Phone #

Date

CR2E034 (9/99)