**2001 UNIFORM BUSINESS REPORT (UBR)** FILED DOCUMENT # 1 Apr 26, 2001 8:00 am Secretary of State Constellation Energy Group, Incv. 04-26-2001 90118 006 \*\*\*150.00 Principal Place of Business Mailing Address C0053095 2. Principal Place of Business 3. Mailing Address 250 West Pratt Street 250 West Pratt Street Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 23rd Floor, 23rd Floor City & State City & State 4. FEI Number Applied For Baltimore, MD 21201 Baltimore, MD 21201 65-0678844 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 21201 Fee Required Balt. City 21201 Balt. City 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT Corporation System =Street Address (P.O-Box Number is Not-Acceptable) --1200 South Pine Island Road Plantation, Florida 33324 City 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, typed or printed name of registered agent and title if applicable, DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition PTD NAME NAME Thomas E. Ruszin, Jr. STREET ADDRESS STREET ADDRESS 250 West Pratt Street, 20th F1. Baltimore, MD 21201 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME Edward Stoltz STREET ADDRESS STREET ADDRESS lll Market Place Baltimore, MD 21202 CITY-ST-ZIP CITY-ST-ZIP David A. Brunes ☐ Addition TITLE ☐ Delete Change TITLE David A. Brune NAME NAME 250 West Pratt Street, 20th Floor STREET ADDRESS STREET ADDRESS Baltimore, MD 21201 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZUP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 0, or an attachment with all other like employered. of the corporation or the receiver or trustee changed, or on an attachment with all other like empowered. SIGNATURE: 4 GNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Ryszif, Jr

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