

2000 UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # 830151

1. Entity Name

RTKL ASSOCIATES, INC.

Principal Place of Business: SOUTH ST BALTIMORE MD 21202; Mailing Address: 1 SOUTH ST BALTIMORE MD 21202-3298 US

2. Principal Place of Business; 3. Mailing Address; Suite, Apt. #, etc.; City & State; Zip; Country

4. FEI Number: 52-0884069; Applied For: Not Applicable; 5. Certificate of Status Desired: \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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; City; State: 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. (See criteria on back)

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

Table with 2 columns: 11. OFFICERS AND DIRECTORS (DC ADAMS, HAROLD L; VD JOSAL, LANCE K; PD HUDSON, DAVID C; VD DAVID J. BROTMAN; VS BLOSE, KAREN K; VDT MORELAND, KENNETH V)

Table with 2 columns: 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (200003459452-1; -11/09/00-01104-005; *****61.25 *****61.25; Robert McIntire one South Street Baltimore, MD 21202)

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: [Signature]; Date: 10-23-00; Daytime Phone #: 410-528-8600

Box 13. Officers and Directors Continued:

1.1 Title	V	
1.2 Name	James C. Allen	<input type="checkbox"/> Delete
1.3 Street Address	140 South Dearborn Street	<input checked="" type="checkbox"/> Change
1.4 City-State-Zip	Chicago, IL 60603	<input type="checkbox"/> Addition
1.1 Title	V	
1.2 Name	Ted A. Niederman	<input checked="" type="checkbox"/> Delete
1.3 Street Address	One South Street	<input type="checkbox"/> Change
1.4 City-State-Zip	Baltimore, MD 21202	<input type="checkbox"/> Addition
1.1 Title	V	
1.2 Name	Jerry L. Quebe	<input type="checkbox"/> Delete
1.3 Street Address	515 N.State St. Suite2640	<input checked="" type="checkbox"/> Change
1.4 City-State-Zip	Chicago, IL 60610	<input type="checkbox"/> Addition
1.1 Title	V	
1.2 Name	Jorge G. Berioz	<input type="checkbox"/> Delete
1.3 Street Address	22 Torrington Place	<input checked="" type="checkbox"/> Change
1.4 City-State-Zip	London WC1E7HP	<input type="checkbox"/> Addition
1.1 Title	V	
1.2 Name	Ken Christian	<input type="checkbox"/> Delete
1.3 Street Address	22 Torrington Place	<input checked="" type="checkbox"/> Change
1.4 City-State-Zip	London WC1E7HP	<input type="checkbox"/> Addition
1.1 Title	V	
1.2 Name	Paul G. Hanegraaf	<input type="checkbox"/> Delete
1.3 Street Address	22 Torrington Place	<input checked="" type="checkbox"/> Change
1.4 City-State-Zip	London WC1E7HP	<input type="checkbox"/> Addition
1.1 Title	V	
1.2 Name	Paul F. Jacob, III	<input type="checkbox"/> Delete
1.3 Street Address	333 S. Hope Street	<input checked="" type="checkbox"/> Change
1.4 City-State-Zip	Los Angeles, CA 90071	<input type="checkbox"/> Addition
1.1 Title	V	
1.2 Name	Candace K. Sheeley	<input type="checkbox"/> Delete
1.3 Street Address	22 Torrington Place	<input checked="" type="checkbox"/> Change
1.4 City-State-Zip	London WC1E7HP	<input type="checkbox"/> Addition
1.1 Title	V	
1.2 Name	Ron Morgan	<input type="checkbox"/> Delete
1.3 Street Address	22 Torrington Place	<input type="checkbox"/> Change
1.4 City-State-Zip	London WC1E7HP	<input checked="" type="checkbox"/> Addition