

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90117 008 ***150.00

DOCUMENT # 830151
1. Entity Name

RTKL ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
One South Street

3. Mailing Address
One South Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Baltimore MD

City & State
Baltimore MD

4. FEI Number
52-0884069

Applied For
Not Applicable

Zip
21202

Country
USA

Zip
21202

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CT Corporation System III**

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City **Plantation** **FL** Zip Code **33324**

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 re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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: **DC**
NAME: **Adams, Harold L.**
STREET ADDRESS: **One South Street**
CITY-ST-ZIP: **Baltimore MD 21202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: **VD**
NAME: **Josal, Lance K**
STREET ADDRESS: **2828 Routh Street**
CITY-ST-ZIP: **Dallas TX 75201**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: **PD**
NAME: **Hudson, David J.**
STREET ADDRESS: **One South Street**
CITY-ST-ZIP: **Baltimore MD 21202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: **VS**
NAME: **McIntire, Robert**
STREET ADDRESS: **One South Street**
CITY-ST-ZIP: **Baltimore MD 21202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: **VDT**
NAME: **Moreland, Kenneth V.**
STREET ADDRESS: **One South Street**
CITY-ST-ZIP: **Baltimore MD 21202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

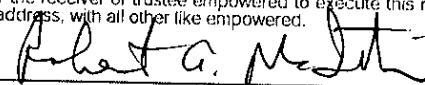
TITLE: **VD**
NAME: **Jacob, Paul F.**
STREET ADDRESS: **333 S. Hope Street**
CITY-ST-ZIP: **Los Angeles CA 90071**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert A. McIntire** 4-22-02 410-528-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #