

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90043 015 \*\*\*150.00

**DOCUMENT # P36350**

1. Entity Name  
**MAGELLAN HRSC, INC.**

Principal Place of Business  
**13736 RIVERPORT DRIVE**  
**400**  
**MARYLAND HEIGHTS MO 63043**  
**US**

Mailing Address  
**6950 COLUMBIA GATEWAY DR**  
**SUITE #400**  
**COLUMBIA MD 21046**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**34-1559960**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT</b> <b>SANFORD, CHARLOTTE A.</b> <b>6666 POWERS FERRY ROAD., STE 100</b> <b>ATLANTA GA 30339</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BAYER, GREG</b> <b>13736 RIVERPORT DR</b> <b>MARYLAND HEIGHTS MO 63403</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAS</b> <b>BEDENBAUGH, JAMES R.</b> <b>6666 POWERS FERRY RD., STE 100</b> <b>ATLANTA GA 30339</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LAZAROFF, DENNIS J.</b> <b>13736 RIVERPORT DRIVE, SUITE 400</b> <b>MARYLAND HEIGHTS MO 63043</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVS</b> <b>CUMMINGS, ANDREW M.</b> <b>666 THIRD AVE 31ST FLOOR</b> <b>NEW YORK NY 10017</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVAS</b> <b>DEMILIO, MARK S</b> <b>6950 COLUMBIA GATEWAY DR., STE 400</b> <b>COLUMBIA MD 21046</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Mark Demilio*  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

410-953-1000

Daytime Phone #

CR2E034 (9/01)