

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

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90298 005 ***550.00

DOCUMENT # **F950000000127**

1. Entity Name
Signal Perfection, Ltd. Inc.

DO NOT WRITE IN THIS SPACE

969395

2. Principal Place of Business
9180 Rumsey Road

3. Mailing Address
9180 Rumsey Road

Suite, Apt. #, etc.
D-4

Suite, Apt. #, etc.
D-4

DO NOT WRITE IN THIS SPACE

City & State
Columbia, MD

City & State
Columbia, MD

4. FEI Number
52-1760942

Applied For
Not Applicable

Zip
21045

Country
USA

Zip
21045

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**
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.
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 _____ DATE _____
Signature, typed or printed name of registered agent and date 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. (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 NAME STREET ADDRESS CITY-ST-ZIP	Chadd Gillenwater, President & CCEO 9180 Rumsey Rd. Suite D-4 Columbia, MD 21045	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nicholas Yancich, CFO 9180 Rumsey Rd. Suite D-4 Columbia, MD 21045	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce P. Breen, Controller 9180 Rumsey Rd. Suite D-4 Columbia, MD 21045	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowerings.

SIGNATURE: **Bruce P. Breen, Secretary** **5/21/02** **410-992-0998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)