

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90306 016 ***150.00

DOCUMENT # F99000000328

1. Entity Name

INTELLECTUAL DEVELOPMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

**49 OLD SOLOMONS ISLAND ROAD, SUITE 206
 ANNAPOLIS MD 21401**

**49 OLD SOLOMONS ISLAND ROAD, SUITE 206
 ANNAPOLIS MD 21401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2010286**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 2001 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 **C** ☐ Delete
 NAME **BROCK, WILLIAM E**
 STREET ADDRESS **2029 HOMEWOOD ROAD**
 CITY-ST-ZIP **ANNAPOLIS MD 21402**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **DAVID WARNOCK**
 STREET ADDRESS **1 South Street Suite 2150**
 CITY-ST-ZIP **BALTIMORE, MD 21202**

TITLE **PD** ☐ Delete
 NAME **WISTAR, CHARLES M**
 STREET ADDRESS **70008-2 CHANNEL VILLAGE CT**
 CITY-ST-ZIP **ANNAPOLIS MD 21403**

TITLE ☐ Change ☐ Addition
 NAME **70008-2 CHANNEL VILLAGE CT.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **CRAM, STEPHEN**
 STREET ADDRESS **2400 CRESTMOOR ROAD SUITE 309**
 CITY-ST-ZIP **NASHVILLE TN 37215**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **RICHARD WOODNAM**
 STREET ADDRESS **2000 MARKET STREET SUITE 1400**
 CITY-ST-ZIP **PHILADELPHIA, PA 19103**

TITLE **D** ☐ Delete
 NAME **HARDIMAN, JOE**
 STREET ADDRESS **8 BOWEN MILL ROAD**
 CITY-ST-ZIP **BALTIMORE MD 21212**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **KENNETH SMITH**
 STREET ADDRESS **1729 KING STREET**
 CITY-ST-ZIP **ALEXANDRIA, VA 22314**

TITLE **D** ☐ Delete
 NAME **KILLEBREW, ROBERT S JR**
 STREET ADDRESS **2323 GADD ROAD**
 CITY-ST-ZIP **LUTHERVILLE MD 21030**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MEEKER, ROBERT**
 STREET ADDRESS **45755 GOODPASTURE DRIVE**
 CITY-ST-ZIP **VIDA OR 97488**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Edwin Meyers **EDWIN MEYERS**

TREASURER

3/28/2001

Date

410-571-9663

Daytime Phone #

CR2E034 (10/00)