

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000002460**

1. Entity Name

**SDS TECHNOLOGIES, INC.****FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90079 035 \*\*\*150.00

Principal Place of Business

Mailing Address

**2011 CRYSTAL DR., STE. 100  
ARLINGTON VA 22202****2011 CRYSTAL DR., STE. 100  
ARLINGTON VA 22202-3709****80005516**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **54-1739797**

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

**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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CVTS	TITLE	
NAME	FLOOD, WILLIAM	NAME	
STREET ADDRESS	3145 SOUTH GLEBE RD	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22202	CITY-ST-ZIP	
TITLE	CP	TITLE	
NAME	GENNIN, GEORGE	NAME	
STREET ADDRESS	1300 CRYSTAL DR., PH-5	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22202	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	FREEMAN, CALEB	NAME	
STREET ADDRESS	30 CLUB FOREST LANE	STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29605	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/13/00 703.553.7526