2000 UNIFORM BUSINESS REPORT (UBR)					APPRQV		
DOCUMENT # 848433  1. Entity Name					AND FILED		
STRUCTURAL PRESERVATION SYSTEMS, INC.					00 MAR -2 PM 12: 02		
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
3761 COMMERCE DR STE 414 BALTIMORE MD 21227		3761 COMMERCE DR STE 414 BALTIMORE MD 21227-1644			TALLAHASSEE,	FLORIDA	
2. Principal Place of Business 1455-T New Ridge Rd Suite, Apt. #, etc.		3. Mailing Address 1455-T New Ridge Rd Suite, Apt. #, etc.		d	DO NOT WRITE IN THIS SPACE		
City & State Hanover MD		City & State Hanover, MD		4.	FEI Number 52-1071818	<del></del>	plied For t Applicable
Zip 210	76 Country USA	Zip 21076	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Required	
	6Name and Address of Current R		Name	7.	Name and Address of New Regi	stered Agent	
CT CORPORATION SYSTEM  1200 S. PINE ISLAND ROAD				ddress (P.O.	(P.O. Box Number is Not Acceptable)		
PLAN	ITATION FL 33324		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!!! FE After MAY 1, 2000 Fo Make Check Payable to			Fee will be \$5	550.00	10. Election Campaign Financ Trust Fund Contribution	- <del>-</del> +	<b>0</b> May Be to Fees
11.	OFFICERS AND D		12.	A	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMMONS, PETER H 7530 DAMASCUS ROAD GAITHERSBURG, MD 00000	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		<b>8000031</b> 6 -03/08/00 ****150.	5 <b>1328</b> - 00100900	-6 35
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALENTE, GERALD 4 CLIFF DR ENGLEWOOD NJ	XXXOelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
-TITLE	-S Greenaus, Scott M. 6512 Apple Blossom Ride	- Delete	NAME STREET ADDRESS	6512 A	M. Greenhaus pple Blossom Ride	XI Change	Addition
CITY-ST-ZIP TITLE	T T	☐ Delete	CITY-ST-ZIP TITLE	Columb	ia, MD 21044	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	FANGIO, DAN 103 WEST HILL ST BALTIMORE MD		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CI. 4-ST-ZIP		` □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7455-1	odinko I New Ridge Road er, MD 21076-3143	☐ Change	<b>XX</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			M Change	Addition
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 its Block 11 or Block 12 if changed, or on an attachment with an across, with all other like empowered.							
SIGNATURE: Dan Fangio, Treasurer 2/21/2000 410-850-7000  SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  D							