

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **471567** (8)
1. Corporation Name
UP-RAD, INC.

Principal Place of Business 11801 GREENHILL DR-HAGERSTOWN, MD P O BOX 163 CHEWSVILLE MD 21742	Mailing Address 11801 GREENHILL DR-HAGERSTOWN, MD P O BOX 163 CHEWSVILLE MD 21721 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 22256 MONTEREY PLACE Suite, Apt. #, etc.		2a. Mailing Address 26 P. O. BOX 289 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/10/1975	
22 City & State 23 LEONARDTOWN, MD		27 City & State 28 LEONARDTOWN, MD		4. FEI Number 59-1596129 Applied For <input type="checkbox"/> Not Applicable	
24 Zip 20650		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 20650		27 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 20650		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JAMES, CAROL
781 JORDON COURT
SUITE 702
OWEDO FL 32765**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPDEGRAVE, KAREN M.	1.2 NAME	
STREET ADDRESS	11801 GREENHILL DRIVE	1.3 STREET ADDRESS	22256 MONTEREY PLACE
CITY-ST-ZIP	HAGERSTOWN MD	1.4 CITY-ST-ZIP	LEONARDTOWN, MD 20650
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPDEGRAVE, STEPHEN W.	2.2 NAME	
STREET ADDRESS	11801 GREENHILL DRIVE	2.3 STREET ADDRESS	22256 MONTEREY PLACE
CITY-ST-ZIP	HAGERSTOWN MD	2.4 CITY-ST-ZIP	LEONARDTOWN, MD 20650
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen M. Updegrave* Karen M. Updegrave 03-11-98 301 475 8440

CR2E034 (1097)