2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # F00000000708 ALERIO CORPORATION 04-24-2001 90297 034 ***150.00 Principal Place of Business Mailing Address 7610 OLD GEORGETOWN RD 7610 OLD GEORGETOWN RD BETHESDA MD 20814 BETHESDA MD 20814 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 52-2210087 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLACKIE, GERALD Street Address (P.O. Box Number is Not Acceptable) 259 CEDAR PARK CIRCLE SARASOTA FL 34242 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRES + CEO + DIR PCD CR2E034 (10/00) Change **X** Addition TITLE Delete TITLE IMAGS H EVANS BLACKIE, GERALD NAME NAME STREET ADDRESS STREET ADDRESS 259 CEDAR PARK CIRCLE 1578 TOOD ST CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL MOUNTAIN VIEW CA 94040-2934 CHAIRMAN / DIRECTOR **VSTD** ☐ Delete TITLE Change ☐ Addition TITLE BLACKIE, GERALD RIND, ERIK H NAME NAME 259 CEDAR PARK CIRCLE STREET ADDRESS STREET ADDRESS 4701 FLOWER VALLEY DR. CITY-ST-7IP CITY-ST-ZIP **ROCKVILLE MD** SARASOTA 44 TITLE EUP I SEC I TEBA Change ~ ~ 🔲 Addition -TITLÉ Delete NAME NAME RIND, BRIK H 4701 HOWER VALLEY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ROCKULLE MD TITLE ☐ Delete TITLE DIRECTOR ☐ Change **X** Addition THADDEUS WHALTEN STREET ADDRESS STREET ADDRESS 7610 OLD GEORGETOWN RD CITY-ST-ZIP CITY-ST-ZIP DETHERDA MD 20+14 TITLE ☐ Delete DIRECTOR ☐ Change Addition TITLE NAME NAME JONATHAN LEE STREET ADDRESS 7610 OLD GEORGE TOWN RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BETHESOA MD 20214 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME Selfer de la Maria de La Caracteria de l STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 accupate 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 trusted 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 a statute like in the like empowered.

SIGNATURE: -907-f200 SIGNATURE AND TYPED OR PROPED NAME OF SIGNING OFFICER OR DIRECTOR