

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90375 046 ***150.00

DOCUMENT # F00000000708

1. Entity Name
ALERIO CORPORATION

Principal Place of Business

7610 OLD GEORGETOWN RD
BETHESDA MD 20814

Mailing Address

7610 OLD GEORGETOWN RD
BETHESDA MD 20814

2. Principal Place of Business

27001 LA PAZ ROAD

3. Mailing Address

P O BOX 2460

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 324

MISSION VIEJO CA

GERMANTOWN MD

City & State

City & State

Zip

Zip

92691

20875

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2210087**

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

BLACKIE, GERALD
259 CEDAR PARK CIRCLE
SARASOTA FL 34242

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, 2002 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 **CD** ☐ Delete
NAME **BLACKIE, GERALD**
STREET ADDRESS **259 CEDAR PARK CIRCLE**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **EVST** ☐ Delete
NAME **RIND, ERIK H**
STREET ADDRESS **4701 FLOWER VALLEY DR.**
CITY-ST-ZIP **ROCKVILLE MD**

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

TITLE **PCD** ☐ Delete
NAME **EVANS, JAMES H**
STREET ADDRESS **1578 TODD ST**
CITY-ST-ZIP **MOUNTAIN VIEW CA 94040-2934**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **27001 LA PAZ ROAD #324**
CITY-ST-ZIP **MISSION VIEJO CA 92691**

TITLE **D** ☐ Delete
NAME **WHALIN, THADDEUS**
STREET ADDRESS **7610 OLD GEORGETOWN RD**
CITY-ST-ZIP **BETHESDA MD 20814**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **27001 LA PAZ ROAD #324**
CITY-ST-ZIP **MISSION VIEJO CA 92691**

TITLE **D** ☐ Delete
NAME **LEE, JONATHAN**
STREET ADDRESS **7610 OLD GEORGETOWN RD**
CITY-ST-ZIP **BETHESDA MD 20814**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **27001 LA PAZ ROAD #324**
CITY-ST-ZIP **MISSION VIEJO CA 92691**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2002

Date

381-515-1800

Daytime Phone #

CR2E034 (9/01)