

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90066 006 \*\*\*150.00

**DOCUMENT # F00000002396**

1. Entity Name  
**AEROTEK, INC. OF MARYLAND**

Principal Place of Business Mailing Address  
**C/O RANDALL D. SONES, ESQ.** **C/O RANDALL D. SONES, ESQ.**  
**6992 COLUMBIA GATEWAY DRIVE, SUITE BLDG. D** **6992 COLUMBIA GATEWAY DRIVE, SUITE BLDG. D**  
**COLUMBIA MD 21046** **COLUMBIA MD 21046**

2. Principal Place of Business 3. Mailing Address  
**7301 Parkway Drive**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Hanover MD**

Zip Country Zip Country  
**21076 USA**

4. FEI Number **52-2142566** 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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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, 2001 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 ☐ Delete  
NAME **P. SALANDRIA, MICHAEL W**  
STREET ADDRESS **6992 COLUMBIA GATEWAY DRIVE**  
CITY-ST-ZIP **COLUMBIA MD 21046**

TITLE ☒ Change ☐ Addition  
NAME **President Mark P. Carmen**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S. SONES, RANDALL D**  
STREET ADDRESS **7301 PARKWAY DRIVE**  
CITY-ST-ZIP **HANOVER MD 21076**

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

TITLE ☐ Delete  
NAME **T. STANDEVEN, DAVID J**  
STREET ADDRESS **7301 PARKWAY DRIVE**  
CITY-ST-ZIP **HANOVER MD 21076**

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

TITLE ☐ Delete  
NAME **V. KERR, THOMAS M**  
STREET ADDRESS **7301 PARKWAY DRIVE**  
CITY-ST-ZIP **HANOVER MD 21076**

TITLE ☒ Change ☐ Addition  
NAME **Francis J. Murphy**  
STREET ADDRESS **6992 Columbia Gateway Drive**  
CITY-ST-ZIP **Columbia, MD 21046**

TITLE ☐ Delete  
NAME **CD CAREY, JOHN T**  
STREET ADDRESS **7301 PARKWAY DRIVE**  
CITY-ST-ZIP **HANOVER MD 21076**

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

TITLE ☐ Delete  
NAME **D. BISCIOTTI, STEPHEN J**  
STREET ADDRESS **7301 PARKWAY DRIVE**  
CITY-ST-ZIP **HANOVER MD 21076**

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: **RD Sones**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Randall D. Sones** 1/15/01 410-579-3500

Date Daytime Phone #

CR2E034 (10/00)