

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000005712

1. Entity Name
METASTORM INC.



Principal Place of Business

500 EAST PRATT ST.
SUITE 1250
BALTIMORE, MD 21202

Mailing Address

500 EAST PRATT ST.
SUITE 1250
BALTIMORE, MD 21202



05142008 No Chg-P CR2E034 (11/05)

4. FEI Number

52-1994722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1000000948774
06/02/08-80067-023 150.00

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
FARRELL, ROBERT J
500 EAST PRATT ST., SUITE 1250
BALTIMORE, MD 21202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DESAUTELLE, CHRISTOPHER S
500 EAST PRATT ST., SUITE 1250
BALTIMORE, MD 21202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GANDHI, SWATA J
500 EAST PRATT ST., SUITE 1250
BALTIMORE, MD 21202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

5/14/08 443874-124

Date

Daytime Phone #