2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F93000005878** Mar 03, 2000 8:00 am **Secretary of State** CSI ENGINEERING, P.C. 03-03-2000 90018 024 ***150.00 Principal Place of Business Mailing Address 13640 CASTLE CLIFF WAY 13640 CASTLE CLIFF WAY SILVER SPRING MD 20904-5488 SILVER SPRING MD 20904 UUUA4167 3. Mailing Address 2. Principal Place of Business wains Lock Ter 11601 11401 SWAINS LOCK Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 52-1705985 WD Potomac Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired ひらも 2085 2885 ひらみ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE Gnosal, Debdas NAME **GHOSAL, DEBDAS** NAME 11401 SWAINS LOCK TECRACE STREET ADDRESS STREET ADDRESS 13640 CASTLE CLIFF WAY PotomAc, MD 20854 CITY-ST-ZIP CITY-ST-ZIP SLIVER SPRINGS MD ☐ Delete Change ☐ Addition TITLE TITI F Gnosal, Meera GHOSAL, MEERA NAME NAME HUSI Swains Lock TERRACE STREET ADDRESS STREET ADDRESS 13640 CASTLE CLIFF WAY Potomac MB 20804 CITY-ST-ZIP CITY-ST-ZIP SILVER SPRING MD 20904 ☐ Change ☐ Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP