8/8/01-90141-018-$150.00-$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005878

1. Entity Name

CSI Engineering P.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 AM 8:52

A0080217

Principal Place of Business

6251 Ammendale Rd, Suite 111
Beltsville, MD 20705

Mailing Address

Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
CSI Engineering, P.C.	6251 Ammendale Rd
Suite, Apt. #, etc. Suite 111	Suite, Apt. #, etc. Suite 111
City & State Beltsville, MD	City & State Beltsville, MD 20705
Zip 20705 Country P.G.	Zip 20705 Country P.G.

4. FEI Number 52-1705985 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C.T. Corporation System
1200 South Pine Island Rd
Plantation, FL 33324

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P.C. Debdas Ghosal 11601 Swains Lock Terrace Potomac, MD 20854 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Meera Ghosal 11601 Swains Lock Terrace Potomac, MD 20854 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: (DEBDAS GHOSAL) 7/27/01 301-210-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #