2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005905

PELICAN POWER CORPORATION

Principal Place of Business OLD GEORGETOWN RD FL HESUA MD 20814		Mailing Address				
		7500 OLD GEORGETOWN RD 13TH FL BETHESDA MD 20814-6133 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

FILED May 04, 2000 8:00 am Secretary of State 05-04-2000 90087 003 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

City & State		City & State		4.	94-3144069			Not Applicabl	
Cou	intry	Zip	Country	5	_		\$8.75 Add	ditional	
			<u> </u>					<u>d</u>	
6. Name and A	ddress of Current F	legistered Agent	Nome	7.	Name and Address of New Ro	egistered	Agent		
			Ivanie		_				
CORPORATION SERVICE COMPANY			Street	Street Address (P.O. Box Number is Not Acceptable)					
			<u> </u>		_ .				
AHASSEE FL 323	501								
			City		\$.	FL	Zip Code	9	
named entity subm	nits this statement for	the purpose of changing it	s registered office of	or registered ac	gent, or both, in the State of Flo	rida.			
		, , , ,	4						
Signature, typed or printer	d name of registered agent ar	nd title if applicable. (NC	TE: Registered Agent signs	ture required when r	reinstating)	DATE			
This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE			/!!! FEE IS \$150	IS \$150.00				Λ	
			· · · · · · ·				J Addec	to Fees	
ria on back)	Ц	Make Check Paya	ible to Departme					,	
	OFFICERS AND D	RECTORS	12.	Al	DDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTORS		
PD		☐ Delete	TITLE				Change	Addition Addition	
7500 OLD GEO	RGETOWN ROAD			ľ					
	20814		CHY-SI-ZIP	 					
1		☐ Delete	TITLE				L. Change	Addition Addition	
				Ĭ					
	20814	57		<u></u>	2000 3000		- Change	Addition	
1	UEN A	(X) Delete		1 ~ ~ ~	しょんりつき		□ change	г ај жишии	
				COOPER	SOME TO	5019			
1				1300	is and	<i>11</i>			
T	20814	51 p		ASSIG	- 55000-DV	7	Change	X Addition	
1	ın e	Delete		145.63	ANI GELKEIMUT	_	☐ onange	Addition	
				MEIER	La Destout	टक्क			
1 '			CITY-ST-ZIP	7500 0	208	14			
DETHEOUR MU	20014	□ Dalate	TITLE	30170	JA, 7. U BOO		☐ Change	Additio	
J		□ Delete	NAME						
			STREET ADDRESS						
			CITY-ST-ZIP						
†		☐ Delete	TITLE	 			☐ Change	Additio	
ì			NAME						
[NAME	1					
[STREET ADDRESS						
	Co. 6. Name and A PORATION SERVI HAYS STREET AHASSEE FL 323 named entity subm Signature, typed or printed oration is eligible to requirement and eleria on back) PD IRIBE, P. CHRIS 7500 OLD GEO BETHESDA MD VT BASSETT, DAVII 7500 OLD GEO BETHESDA MD VSD HERMAN, STEP 7500 OLD GEO BETHESDA MD AS ENDLER, GERAI 7500 OLD GEO BETHESDA MD AS ENDLER, GERAI 7500 OLD GEO	Country 6. Name and Address of Current R PORATION SERVICE COMPANY HAYS STREET AHASSEE FL 32301 Inamed entity submits this statement for Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so. FIGURES AND D OFFICERS AND D PD IRIBE, P. CHRISMAN 7500 OLD GEORGETOWN ROAD BETHESDA MD 20814 VT BASSETT, DAVID N 7500 OLD GEORGETOWN RD BETHESDA MD 20814 VSD HERMAN, STEPHEN A 7500 OLD GEORGETOWN RD BETHESDA MD 20814	Country Cou	Country City City City FILE NOW!!! FEE IS \$150 After MAY 1, 2000 Fee will be \$ Make Check Payable to Department Cofficers AND DIRECTORS 12. PD IRIBE, P. CHRISMAN 7500 OLD GEORGETOWN ROAD BETHESDA MD 20814 VT CITY-ST-ZIP CITY-ST-ZIP COUNTRY CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP COUNTRY CITY-ST-ZIP CITY-ST-ZIP	Country Zip Country 5. 6. Name and Address of Current Registered Agent Name PORATION SERVICE COMPANY HAYS STREET AHASSEE FL 32301 City Inamed entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when creation is eligible to satisfy its Intangible adult in the purpose of changing its registered office or registered agent agent and title if applicable. (NOTE: Registered Agent signature required when creation is eligible to satisfy its Intangible adult in the purpose of changing its registered office or registered agent age	Country Country Country Country Size Country Country 5. Certificate of Status Desired 7. Name and Address of Now Ri Name PORATION SERVICE COMPANY HAYS STREET AHASSEE FL 32301 City Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo Significantly piped or privated name of registered agent and little if applicable Portation is eligible to satisfy its Intangible equirement and elects to do so. fis on back) PO IRIBE, P. CHRISMAN TO OLD GEORGETOWN ROAD BETHESDA MD 20814 VIT BASSETT, DAVID N BETHESDA MD 20814 VID BETHESDA MD 20814 CITY-ST-ZIP VICE PRES DELY NAME SIRRET ADDRESS CITY-ST-ZIP VICE PRES DELY NAME SIRRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP SELVICE VICE PRES DELY NAME SIRRET ADDRESS CITY-ST-ZIP SELVICE VICE PRES DELY NAME SIRRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ADDITIONS/CHANGES TO OFFI MAME SIRRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SELVICE VICE PRES DELY NAME SIRRET ADDRESS CITY-ST-ZIP SELVICE VICE	Country Zip Country Zip Country 5. Certificate of Status Desired Name Name and Address of Current Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Name Street Address (P.O. Box Number is Not Acceptable) Significant Agent segment and street agent and the if applicable. Significant Agent segment recurred when rentiating) DATE PORATION SERVICE COMPANY HAYS STREET AHASSEE FL 32301 City FL Name and Address of New Registered Street Address (P.O. Box Number is Not Acceptable) City FL Name and Address of New Registered Name Street Address (P.O. Box Number is Not Acceptable) Name and Address of New Registered Name and Address (P.O. Box Number is Not Acceptable) Name and Address of New Registered Name and Address (P.O. Box Number is Not Acceptable) Name and Address of New Registered Name and Addr	Country Country Country Country Country Country S. Certificate of Status Desired S. Sa. 75 Ade Fee Required Registered Agent 7. Name and Address of New Registered Agent Name PORATION SERVICE COMPANY HAYS STREET AHASSEE FL 32301 City City FL Zip Code City FL Zip C	

SIGNATURE:

4/28/00 Date

Daytime Phone #