

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90087 003 ***158.75

DOCUMENT # F93000005905

1. Entity Name

PELICAN POWER CORPORATION

Principal Place of Business

Mailing Address

OLD GEORGETOWN RD
FL
BETHESDA MD 20814

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

4. FEI Number

94-3144069

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2000 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	<input type="checkbox"/> Delete
PD	IRIBE, P. CHRISMAN	7500 OLD GEORGETOWN ROAD	BETHESDA MD 20814	<input type="checkbox"/>
VT	BASSETT, DAVID N	7500 OLD GEORGETOWN RD	BETHESDA MD 20814	<input type="checkbox"/>
VSD	HERMAN, STEPHEN A	7500 OLD GEORGETOWN RD	BETHESDA MD 20814	<input checked="" type="checkbox"/>
AS	ENDLER, GERALD S	7500 OLD GEORGETOWN RD	BETHESDA MD 20814	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
SENIOR VICE PRESIDENT	COOPER, JOHN R.	7500 OLD GEORGETOWN ROAD	BETHESDA, MD 20814	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSISTANT SECRETARY	MEIER, PETER E.	7500 OLD GEORGETOWN ROAD	BETHESDA, MD 20814	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)