


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90155 022 \*\*\*158.75

<b>DOCUMENT # F93000005905</b>		
1. Entity Name <b>PELICAN POWER CORPORATION</b>		

Principal Place of Business <b>7500 OLD GEORGE TOWN RD 13TH FL BETHESDA, MD 20814 US</b>	Mailing Address <b>7500 OLD GEORGE TOWN RD 13TH FL BETHESDA, MD 20814 US</b>
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2. Principal Place of Business <b>7600 Wisconsin Ave</b>	3. Mailing Address <b>7600 Wisconsin Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Bethesda, MD</b>	City & State <b>Bethesda, MD</b>
Zip <b>20814-3657</b>	Zip <b>20814-3657</b>
Country <b>USA</b>	Country <b>USA</b>



03152004 Chg-P CR2E034 (10/03)

4. FEI Number <b>94-3144069</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. 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)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNER, J.W. M 7500 OLD GEORGETOWN ROAD BETHESDA, MD 208146161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7600 Wisconsin Avenue Bethesda, MD 20814-3657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC CARON, MARK T 7500 OLD GEORGETOWN RD 13TH FLOOR BETHESDA, MD 20814 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Assistant Controller Morris L. Meltzer 7600 Wisconsin Avenue Bethesda, MD 20814-3657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARNEY, MARK V 7500 OLD GEORGETOWN RD BETHESDA, MD 208146161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7600 Wisconsin Avenue Bethesda, MD 20814-3657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HARTMAN, SANFORD L 7500 OLD GEORGETOWN RD BETHESDA, MD 208146161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b> 7600 Wisconsin Avenue Bethesda, MD 20814-3657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MEY, J. T 7500 OLD GEORGETOWN RD BETHESDA, MD 208146161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>AC</b> 7600 Wisconsin Avenue Bethesda, MD 20814-3657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Morris L. Meltzer Morris L. Meltzer, Asst. Controller 301-280-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/1/04 Daytime Phone #