

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0621100 AT

DOCUMENT # F93000005905

1. Entity Name
PELICAN POWER CORPORATION



FILED
03 FEB 20 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7500 OLD GEORGETOWN RD
13TH FL
BETHESDA MD 20814
US

Mailing Address
7500 OLD GEORGETOWN RD
13TH FL
BETHESDA MD 20814
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 94-3144069
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	AC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORNER, J.W. M		NAME	Mark T. Caron	
STREET ADDRESS	7500 OLD GEORGETOWN ROAD		STREET ADDRESS	7500 Old Georgetown Road, 13th Floor	
CITY-ST-ZIP	BETHESDA MD 20814-6161		CITY-ST-ZIP	Bethesda MD 20814-6161	
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSETT, DAVID N		NAME		
STREET ADDRESS	7500 OLD GEORGETOWN RD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20814		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, MARK V		NAME		
STREET ADDRESS	7500 OLD GEORGETOWN RD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20814-6161		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, SANFORD L		NAME		
STREET ADDRESS	7500 OLD GEORGETOWN RD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20814-6161		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEY, J. T		NAME		
STREET ADDRESS	7500 OLD GEORGETOWN RD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20814-6161		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: MARK T. CARON ASST. CONTROLLER 1/30/03 301-280-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)