

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91055 045 ***158.75

DOCUMENT # F94000003425

1. Entity Name
HERON POWER CORPORATION



Principal Place of Business
7500 OLD GEORGE TOWN RD
13TH FL.
BETHESDA, MD 20814 US

Mailing Address
7500 OLD GEORGE TOWN RD
13TH FL
BETHESDA, MD 20814 US

24065986



2. Principal Place of Business
7600 Wisconsin Ave
Suite, Apt. #, etc.

3. Mailing Address
7600 Wisconsin Ave
Suite, Apt. #, etc.

03172004 Chg-P CR2E034 (10/03)

City & State
Bethesda, MD
Zip
20814
Country
USA

City & State
Bethesda, MD
Zip
20418
Country
USA

4. FEI Number
94-3189869

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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	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	VPD CARNEY, MARK V 7500 OLD GEORGETOWN RD BETHESDA, MD 208146161 <input type="checkbox"/> Delete
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	AT MEY, J. T 7500 OLD GEORGETOWN RD BETHESDA, MD 208146161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7600 Wisconsin Avenue Bethesda, MD 20814-3657
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7600 Wisconsin Avenue Bethesda, MD 20814-3657
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 4/1/04 301-280-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #