2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F9400003425 1. Entity Name HERON POWER CORPORATION					05-03-2004 91055 ()45 ***158	.75
Principal Plac		Mailing Address	·				
7500 OLD GEORGE TOWN RD 7500 OLD GEORGE TOWN RD					2400	tano	
			US		2406		
2. Principal P	Place of Bysiness We Wis consin Ave	3. Mailing Address 7600 Wisco	noin Ave				
Suite, Apt.		Suite, Apt. #, etc.		03172004	Chg-P CR2	E034 (10/03)	
City/Sta	thesda MD	15ethesda, 1	Wi)	4. FEI Numb		— -	plied For t Applicable
Zig 2081	4 Country /5A	20418	Country A		of Status Desired	\$8.75 Add	litional .
	6. Name and Address of Current F	legistered Agent	Name	7. Name and	f Address of New Registere	d Agent	
CORPORA	ATION SERVICE COMPANY						
1201 HAYS STREET TALLAHASSEE, FL 32301			Street A	Street Address (P.O. Box Number is Not Acceptable)			
	•					·	
			City		F	L Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office o	r registered agent, or bo	th, in the State of Florida. I a	m familiar with,	and accept
_ SIGNATURE_			·	·			
<u> </u>	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	Registered Agent signat	ure required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution				\$5.00 May Be Added to Fees			
10.	OFFICERS AND D		11.	ADDITIONS	CHANGES TO OFFICERS A		
TITLE NAME	PD HORNER IW M	☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS	7500 OLD GEORGETOWN ROAD STR		STREET ADDRESS	7600 Wisconsin Avenue			L.J Addition
CITY-ST-ZIP							L. Addition
TITLE .			CITY-ST-ZIP	Bethe	sda, MD 20814-3657	Change	
TITLE .	AC CARON, MARK T	Delete		Bethe Assis	sda, MD 20814-3657	☐ Change	Addition
	AC	Delete	CITY-ST-ZIP	Bethe Assis Morri 7600	sda, MD 20814-3657	☐ Change	
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I nereby certify that the information supplied with this filling 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.

GNATURE:

Workship Statutes

Workship Statutes

**If with the information supplied with this fill of the corporation 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.

GNATURE:

Workship Statutes

**If with the certify that the information for the receiver or trustees and accurate and that my signatures shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustees.

GNATURE:

Workship Statutes

**If with the certify that the information for the receiver of the care of the corporation of the corporation