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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001304 (3)

1. Corporation Name

FILETEK, INC. OF MARYLAND

Principal Place of Business

9400 KEY WEST AVE.
ROCKVILLE MD 20850

Mailing Address

9400 KEY WEST AVE.
ROCKVILLE MD 20850-3322



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

04/30/1996

4. FEI Number

52-1343762

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
THOMPSON, WILLIAM C
STREET ADDRESS
9400 KEY WEST AVE.
CITY-STATE-ZIP
ROCKVILLE MD 20850

TITLE ☐ DELETE

NAME
BEAMER, DAVID L
STREET ADDRESS
9400 KEY WEST AVE.
CITY-STATE-ZIP
ROCKVILLE MD 20850

TITLE ☐ DELETE

NAME
BURGESS, JOHN G
STREET ADDRESS
9400 KEY WEST AVE.
CITY-STATE-ZIP
ROCKVILLE MD 20850

TITLE ☐ DELETE

NAME
SHEARD, GREG A
STREET ADDRESS
9400 KEY WEST AVE.
CITY-STATE-ZIP
ROCKVILLE MD 20850

TITLE ☐ DELETE

NAME
ZUCKERMAN, MICHAEL T
STREET ADDRESS
9400 KEY WEST AVE.
CITY-STATE-ZIP
ROCKVILLE MD 20850

TITLE ☐ DELETE

NAME
LOOMIS, WILLIAM P
STREET ADDRESS
9400 KEY WEST AVE.
CITY-STATE-ZIP
ROCKVILLE MD 20850

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, as applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(301)251-0000

Daytime Phone

0008727

CR2E034 (9/96)