2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9500001304 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name FILETEK, INC. OF MARYLAND 04-25-2000 90092 046 ***150.00 Mailing Address Principal Place of Business 9400 KEY WEST AVE. 9400 KEY WEST AVE. ROCKVILLE MD 20850 **ROCKVILLE MD 20850-3322** Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 52-1343762 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. X Addition ☐ Change TITLE Director & Asst. Secretary TITLE ☐ Delete NAME NAME THOMPSON, WILLIAM C Cole, Elliot H. STREET ADDRESS STREET ADDRESS 9400 KEY WEST AVE. 9400 Key West Ave CITY-ST-ZIP CITY-ST-ZIP ROCKVILLE MD 20850 Rockville, MD 20850 Delete ☐ Change Addition TITLE. Director BEAMER, DAVID L NAME Simonds, Kenneth W. STREET ADDRESS STREET ADDRESS 9400 KEY WEST AVE. 9400 Key West Ave. CITY-ST-ZIP CITY-ST-ZIP **ROCKVILLE MD 20850** Rockville, MD 20850 ☐ Change ▼ Addition TITLE TITLE ☐ Delete Director NAME NAME BURGESS, JOHN G Frauenfelder, Lewis S. STREET ADDRESS STREET ADDRESS 9400 KEY WEST AVE. 9400 Key West Ave. CITY-ST-ZIP CITY-ST-ZIP **ROCKVILLE MD 20850** Rockville, MD 20850 Addition TITI F Change TITLE ☐ Delete Vice:President NAME NAME SHEARD, GREG A Simonds, Robert W. STREET ADDRESS STREET ADDRESS 9400 KEY WEST AVE. 9400 Key West Ave. CITY-ST-ZIP CITY-ST-ZIP **ROCKVILLE MD 20850** Rockville, MD 20850 Addition ☐ Change ☐ Delete TITLE TITLE Vice President NAME LOOMIS, WILLIAM P NAME Szukalski, Gary G. STREET ADDRESS 9400 KEY WEST AVE. STREET ADDRESS 9400 Key West Ave. CITY-ST-ZIP CITY-ST-ZIP **ROCKVILLE MD 20850** Rockville, MD 20850 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME PASTERAK, GEORGE R NAME STREET ADDRESS STREET ADDRESS C/O FILETEK 9400 KEY WEST AVE CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with any oddress, with all other like empowered.

SIGNATURE:

ROCKVILLE MD 20850

will decounted D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #