

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001304

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
THOMPSON, WILLIAM C
9400 KEY WEST AVE.
ROCKVILLE MD 20850 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BEAMER, DAVID L
9400 KEY WEST AVE.
ROCKVILLE MD 20850 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BURGESS, JOHN G
9400 KEY WEST AVE.
ROCKVILLE MD 20850 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SHEARD, GREG A
9400 KEY WEST AVE.
ROCKVILLE MD 20850 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LOOMIS, WILLIAM P
9400 KEY WEST AVE.
ROCKVILLE MD 20850 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PASTERAK, GEORGE R
C/O FILETEK 9400 KEY WEST AVE
ROCKVILLE MD 20850 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO, President ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director, Assistant
Secretary
Elliot H. Cole 20850
9400 Key West Avenue, Rockville, MD ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Van Wyk, Nick
9400 Key West Ave.
Rockville, MD 20850 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO, Secretary, Treasurer
Executive VP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Kenneth W. Simonds
9400 Key West Avenue
Rockville, MD 20850 ☐ Change ☒ Addition

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90122 012 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-1343762**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)