

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 07 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 # F96000001403 (2)**

1. Corporation Name  
**POWERSISION CORPORATION OF MARYLAND**



Principal Place of Business <b>14213 TWIG RD SILVER SPRING MD 20905</b>	Mailing Address <b>14213 TWIG RD SILVER SPRING MD 20905-7037</b>
--	---

3. Date Incorporated or Qualified <b>02/20/1996</b>	3a. Date of Last Report
4. FEI Number <b>52-1953591</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>8945 GUILFORD RD</b> Suite, Apt. #, etc. 22 <b>SUITE 125</b> City & State 23 <b>COLUMBIA</b> Zip 24 <b>MD</b> Country 25 <b>21046</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
--	--

9. Name and Address of Current Registered Agent  
**UPLEKAR, NITIN  
4045/D VILLAGE DR  
DELRAY BCH FL 33445**

10. Name and Address of New Registered Agent  
81 Name **UPLEKAR NITIN V**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**74 N LAKESHORE DR**  
83  
84 City **MYPOLOUXO** FL 85 Zip Code **33462**

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 and familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *NV Uplekar* DATE **3/30/97**  
Signature required for the name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DCP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DCP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>UPLEKAR, NITIN V</b>		1.2 NAME <b>UPLEKAR, NITIN V</b>	
STREET ADDRESS <b>4045/D VILLAGE DR</b>		1.3 STREET ADDRESS <b>74 N LAKESHORE DR</b>	
CITY-ST-ZIP <b>DELRAY BCH FL 33445</b>		1.4 CITY-ST-ZIP <b>MYPOLOUXO FL 33462</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>UPLEKAR, GINDER</b>		2.2 NAME	
STREET ADDRESS <b>14213 TWIG RD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>SILVER SPRING MD 20905</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 if changed, or on an attachment with an address.

SIGNATURE: *NV Uplekar* DATE: **3/30/97** SIGNING OFFICER OR DIRECTOR  
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)