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**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 14213 TWIG RD SILVER SPRING MD 20905	Mailing Address 14213 TWIG RD SILVER SPRING MD 20905-7037
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3. Date Incorporated or Qualified 02/20/1996	3a. Date of Last Report
4. FEI Number 52-1953591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 8945 GUILFORD RD Suite, Apt. #, etc. 22 SUITE 125 City & State 23 COLUMBIA Zip 24 MD Country 25 21046	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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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 DCP	<input type="checkbox"/> DELETE	1.1 TITLE DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UPLEKAR, NITIN V		1.2 NAME UPLEKAR, NITIN V	
STREET ADDRESS 4045/D VILLAGE DR		1.3 STREET ADDRESS 74 N LAKESHORE DR	
CITY-ST-ZIP DELRAY BCH FL 33445		1.4 CITY-ST-ZIP MYPOLOUXO FL 33462	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UPLEKAR, GINDER		2.2 NAME	
STREET ADDRESS 14213 TWIG RD		2.3 STREET ADDRESS	
CITY-ST-ZIP SILVER SPRING MD 20905		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** 561 585 2138
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)