·2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9600001403 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name POWERVISION CORPORATION OF MARYLAND 04-04-2000 90031 032 \*\*\*150.00 Mailing Address Principal Place of Business 8945 GULFORD RD 14213 TWIG RD SILVER SPRING MD 20905-7037 **STE 125** COLUMBIA MD 21046 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 52-1953591 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UPLEKAR. NITIN Street Address (P.O. Box Number is Not Acceptable) 74 N LAKESHORE DR HYPOLUXO FL 33462 City 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. V UPLEKAR PRESIDENT NITIN ne of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DCP Addition TITLE Delete UPLEKAR, NITIN V NAME NAME 74 N LAKESHORE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HYPOLUXO FL 33462 CITY-ST-ZIF Change Addition Delete TITLE TITLE UPLEKAR, GINDER NAME NAME 14213 TWIG RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SILVER SPRING MD 20905 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Change Delete TITLE Addition NAME \_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition IFFLE STREET ADDRESS SHEET ADDRESS CITY-ST-ZIP : - ST-21F 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Hurther certify that the information indicates on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 ess, with all other like empower びしていん SIGNATURE: