

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90010 048 \*\*\*550.00

**DOCUMENT # F96000001542**

1. Entity Name  
**CRISPLANT INC.**

Principal Place of Business  
**7495 NEW TECHNOLOGY WAY**  
**FREDERICK MD 21703-9401**  
**US**

Mailing Address  
**7495 NEW TECHNOLOGY WAY**  
**FREDERICK MD 21703-9401**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1681719**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Delete  
**P**  
**MARTIN, DAVID**  
 STREET ADDRESS  
**775 UPPER SALT RIVER RD**  
 CITY-ST-ZIP  
**DANVILLE KY 40422**

TITLE NAME ☒ Change ☐ Addition  
**P**  
**Kelly, John**  
 STREET ADDRESS  
**3716 Falling Green Way**  
 CITY-ST-ZIP  
**Mount Airy, MD**

TITLE NAME ☒ Delete  
**COB**  
**EBBE FUNK**  
 STREET ADDRESS  
**PO PEDERSENS VE, 10**  
 CITY-ST-ZIP  
**AARHUS DE**

TITLE NAME ☒ Change ☐ Addition  
**VP**  
**Biles, John**  
 STREET ADDRESS  
**15-19 New Fetter Lane**  
 CITY-ST-ZIP  
**London, England EC4A 1LY**

TITLE NAME ☐ Delete  
**S**  
**MILLER, ROBERT**  
 STREET ADDRESS  
**5 WINSLOW RD**  
 CITY-ST-ZIP  
**WESTON CT 06883**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
**T**  
**TEACH, DAVID**  
 STREET ADDRESS  
**13001 HOUCK RD**  
 CITY-ST-ZIP  
**UNION BRIDGE MD 21791**

TITLE NAME ☒ Change ☐ Addition  
 STREET ADDRESS  
**232 Deer Run Drive**  
 CITY-ST-ZIP  
**Walkersville, MD 21793**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 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 an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID R TEACH**

Date

8-16-01

Daytime Phone #

**301-663-8710**

CR2E034 (5/01)