

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90158 023 \*\*\*150.00

**DOCUMENT # F99000000328**

1. Entity Name

**INTELLECTUAL DEVELOPMENT SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**OLD SOLOMONS ISLAND ROAD, SUITE 206**  
**ANNAPOLIS MD 21401****49 OLD SOLOMONS ISLAND ROAD, SUITE 206**  
**ANNAPOLIS MD 21401-3864**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**52-2010286**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **C**  
STREET ADDRESS **BROCK, WILLIAM E**  
CITY-ST-ZIP **2029 HOMEWOOD ROAD**  
**ANNAPOLIS MD 21402**TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **DAVID WANNOCK**  
CITY-ST-ZIP **1 South Street, Suite 2150**  
**BALTIMORE, MD 21202**TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **WISTAR, CHARLES M**  
CITY-ST-ZIP **696 FAIRVIEW AVENUE**  
**ANNAPOLIS MD 21403**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7008-2 CHANNEL VILLAGE CT.**  
CITY-ST-ZIP **ANNAPOLIS, MD 21403**TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **CRAM, STEPHEN**  
CITY-ST-ZIP **2400 CRESTMOOR ROAD SUITE 309**  
**NASHVILLE TN 37215**TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **RICHARD WOODNAM**  
CITY-ST-ZIP **2000 MARKET STREET, Suite 1400**  
**PHILADELPHIA, PA 19103**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HARDIMAN, JOE**  
CITY-ST-ZIP **8 BOWEN MILL ROAD**  
**BALTIMORE MD 21212**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KILLEBREW, ROBERT S JR**  
CITY-ST-ZIP **2323 GADD ROAD**  
**LUTHERVILLE MD 21030**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MEEKER, ROBERT**  
CITY-ST-ZIP **45755 GOODPASTURE DRIVE**  
**VIDA OR 97488**TITLE ☐ Change ☐ Addition  
NAME  
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:

**Edwin Meyers**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**TREASURER**

Date

Daytime Phone #

**3/31/2000 410-591-9663**

CR2E034 (9/99)