

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90087 003 \*\*\*150.00

**DOCUMENT # F99000000328**

1. Entity Name

**INTELLECTUAL DEVELOPMENT SYSTEMS, INC.**

Principal Place of Business

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

Mailing Address

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

**80059698**

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

**52-2010286**

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 \$150.00  
 After May 1, 2002 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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>BROCK, WILLIAM E</b>	
STREET ADDRESS	<b>2029 HOMEWOOD ROAD</b>	
CITY-ST-ZIP	<b>ANNAPOLIS MD 21402</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WISTAR, CHARLES M</b>	
STREET ADDRESS	<b>7008-2 CHANNEL VILLAGE CT.</b>	
CITY-ST-ZIP	<b>ANNAPOLIS MD 21403</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARDIMAN, JOE</b>	
STREET ADDRESS	<b>8 BOWEN MILL ROAD</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21212</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KILLEBREW, ROBERT S JR</b>	
STREET ADDRESS	<b>2323 GADD ROAD</b>	
CITY-ST-ZIP	<b>LUTHERVILLE MD 21030</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEEKER, ROBERT</b>	
STREET ADDRESS	<b>45755 GOODPASTURE DRIVE</b>	
CITY-ST-ZIP	<b>VIDA OR 97488</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1161 Westway Drive</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVID WARNOCK</b>	
STREET ADDRESS	<b>1 South Street Suite 2150</b>	
CITY-ST-ZIP	<b>BALTIMORE, MD 21202</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD WOODNAM</b>	
STREET ADDRESS	<b>2000 MARKET STREET SUITE 1400</b>	
CITY-ST-ZIP	<b>PHILADELPHIA, PA 19103</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAUL GREENBURG</b>	
STREET ADDRESS	<b>209 WEST CHESTNUT HILL AVENUE</b>	
CITY-ST-ZIP	<b>PHILADELPHIA, PA 19118</b>	

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:

**EDWARD MEYERS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD MEYERS Treasurer**

**3/22/2002**

**410-571-9663**

Date

Daytime Phone #

CR2E034 (9/01)