

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90034 038 ***150.00

DOCUMENT # F99000004902

1. Entity Name
AETHER SYSTEMS, INC.



Principal Place of Business
**11460 CRONRIDGE DRIVE, SUITE 106
OWINGS MILLS, MD 21117**

Mailing Address
**11460 CRONRIDGE DRIVE, SUITE 106
OWINGS MILLS, MD 21117**

2. Principal Place of Business
**621 E. PRATT ST
SUITE 604**

3. Mailing Address
**621 E. PRATT ST
SUITE 604**

City & State
BALTIMORE, MD
Zip
21202 Country
USA

City & State
BALTIMORE, MD
Zip
21202 Country
USA

02082005 Chg-P CR2E034 (10/03)

4. FEI Number
52-2186634

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
OROS, DAVID S
11460 CRONRIDGE DRIVE, SUITE 106
OWINGS MILLS, MD 21117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
REYMAN, DAVID
11460 CRONRIDGE DRIVE, SUITE 106
OWINGS MILLS, MD 21117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DAVIS, GEORGE M
11460 CRONRIDGE DR STE 106
OWINGS MILLS, MD 21117** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CLARK, JOHN
11460 CRONRIDGE DR STE 106
OWINGS MILLS, MD 21117** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEESE, J. CARTER JR.
800 17TH STREET NW
WASHINGTON, DC 20006** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUNN, JACK B IV
900 BESTGATE RD STE-100
ANNAPOLIS, MD 21401** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**621 E PRATT ST, SUITE 604
BALTIMORE, MD 21202** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**621 E. PRATT ST, SUITE 604
BALTIMORE, MD 21202** ☒ Change ☐ Addition

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

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

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

2/10/05

443-573-9400