

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002357

1. Entity Name

e-CRM CENTRAL, LLC.

Principal Place of Business

10400 FERNWOOD ROAD
BETHESDA, MD. 20817

Mailing Address

10400 FERNWOOD ROAD
DEPT. 924.13
BETHESDA, MD. 20817

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL. 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

3. 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)

7000043 P5127-3

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

-06/07/01--01020--027
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE: PRESIDENT
NAME: PETER J. WATZKA
STREET ADDRESS: 10400 FERNWOOD ROAD
CITY-ST-ZIP: BETHESDA, MD. 20817 ☐ Delete

TITLE: V. PRESIDENT
NAME: M. LESTER PULS JR.
STREET ADDRESS: 10400 FERNWOOD ROAD
CITY-ST-ZIP: BETHESDA, MD. 20817 ☐ Delete

TITLE: SECRETARY
NAME: DOROTHY M. INGALLS
STREET ADDRESS: 10400 FERNWOOD ROAD
CITY-ST-ZIP: BETHESDA, MD. 20817 ☐ Delete

TITLE: A. SECRETARY
NAME: NANCY L. BENZ
STREET ADDRESS: 10400 FERNWOOD ROAD
CITY-ST-ZIP: BETHESDA, MD. 20817 ☐ Delete

TITLE: TREASURER
NAME: CAROLYN B. HANDLON
STREET ADDRESS: 10400 FERNWOOD ROAD
CITY-ST-ZIP: BETHESDA, MD. 20817 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS / CHANGES

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:
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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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/2/01 (301) 380-8742

482

FILED

01 MAY -7 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE