

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P09827 (7)

1. Corporation Name
ESTIMATION, INC.

Principal Place of Business
805L BARKWOOD COURT
LINTHICUM HEIGHTS MD 21090

Mailing Address
805L BARKWOOD COURT
P O BOX 488
LINTHICUM HEIGHTS MD 21090
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1986	
21 Suite, Apt #, etc	26 Suite, Apt #, etc.	4. FEI Number 52-1493611		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SOMERVILLE, DIANE DIANE 728 LAGOON DR NO PALM BCH FL 33408		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

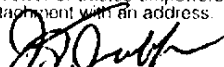
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DIANE SOMERVILLE 2/12/98
Signature, typed or printed name, of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLEWELLYN, GEORGE M.	1.2 NAME	
STREET ADDRESS	#2 BALLINDINE CT UNIT 301	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIMONIUM MD	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUBB, J T	2.2 NAME	
STREET ADDRESS	3227 FOSTER AVE	2.3 STREET ADDRESS	430 HILLVIEW DRIVE, APT. 101
CITY-ST-ZIP	BALTIMORE MD	2.4 CITY-ST-ZIP	LINTHICUM, MD. 21090
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLEWELLYN, G MICHAEL	3.2 NAME	
STREET ADDRESS	1841 BARRINGTON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	YORK PA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, MARK	4.2 NAME	
STREET ADDRESS	3751 JARRETTVILLE PIKE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JARRETTVILLE MD	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, ROBERT W	5.2 NAME	
STREET ADDRESS	1324 APPALOOSA RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CITY NV	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



J.T. JUBB

2/12/98

(410) 436-5680

CR2E034 (10/97)