

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90005 011 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P09827</b>			
1. Entity Name <b>ESTIMATION, INC.</b> ✓			
Principal Place of Business <b>805L BARKWOOD COURT LINTHICUM HEIGHTS MD 21090</b>		Mailing Address <b>805L BARKWOOD COURT P O BOX 488 LINTHICUM HEIGHTS MD 21090 US</b>	
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 <b>52-1493611</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SOMERVILLE, DINE 728 LAGOON DR NO PALM BCH FL 33408</b>		Name <b>CT CORPORATION SYSTEM</b> <i>90 CT CORPORATION SYSTEM</i>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b>	
		City <b>PLANTATION</b> <b>FL</b> Zip Code <b>33324</b>	
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 <i>[Signature]</i> <b>CHARLES F SHAMPAH ASST SEC</b> <b>8-7-00</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LLEWELLYN, G MICHAEL</b> <b>1841 BARRINGTON DR</b> <b>YORK PA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2809 BOSTON STREET #429</b> <b>BALTIMORE, MD 21224</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WAGNER, MARK</b> <b>3751 JARRETTSVILLE PIKE</b> <b>JARRETTSVILLE MD</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GOODWIN, ROBERT W</b> <b>1324 APPALOOSA RD</b> <b>BOULDER CITY NV</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 lines empowered.			

CR2E034 (5/00)

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/9/00**  
Date

**410-636-5680**  
Daytime Phone #

Attachment  
DOC# : P09827  
DUJ8578

081400

President  
Alan T. Mech  
10705 Pot Springs Rd  
Cockeysville, MD 21030

Vice President  
Karl Rajotte  
432 Kentmore Terrace  
Abingdon, MD 21009

Director  
Thomas E. McVeigh  
50 Beacon Hill Dr.  
Phoenixville, PA 19460

Director  
Andrew C. Davis  
128 Prospect Street  
Newton, MA 02465

Director  
Michael Demchuk  
10 Blueleaf Court  
Hunt Valley, MD 21030