

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 25 AM 10:57

DOCUMENT # P09827

1. Entity Name
ESTIMATION, INC.



Principal Place of Business
809 F BARKWOOD CT
LINTHICUM HEIGHTS, MD 21090

Mailing Address
809 F BARKWOOD CT
P O BOX 488
LINTHICUM HEIGHTS, MD 21090 US

REINSTATEMENT 05



10112005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

52-1493611

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
FORT LAUDERDALE, FL 33324

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 the reinstatement of the corporation's registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Mark S. Eppley
Assistant Vice-President
and Secretary

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME MECH, ALAN T
STREET ADDRESS 10705 POT SPRINGS RD
CITY-ST-ZIP COCKEYSVILLE, MD 21030

TITLE VP ☐ Delete
NAME RAJOTTE, KARL
STREET ADDRESS 432 KENTMORE TERRANCE
CITY-ST-ZIP ABINGDON, MD 21009

TITLE D ☐ Delete
NAME DAVIS, ANDREW L
STREET ADDRESS 128 PROSPECT STREET
CITY-ST-ZIP NEWTON, MA 02465

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 600060919996
CITY-ST-ZIP 10/25/05--01046--023 **150.00

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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

10/11/05

410-636-5680

Daytime Phone #