

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09827

Entity Name: ESTIMATION, INC.

FILED
Jan 18, 2008
Secretary of State

Current Principal Place of Business:

809 F BARKWOOD CT
LINTHICUM HEIGHTS, MD 21090

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

1000 FIRST AVENUE, SUITE 200
KING OF PRUSSIA, PA 19406 US

FEI Number: 52-1493611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MECH, ALAN T
Address: 10705 POT SPRINGS RD
City-St-Zip: COCKEYSVILLE, MD 21030

Title: VP () Delete
Name: RAJOTTE, KARL
Address: 1814 GRAFTON SHOP RD
City-St-Zip: FOREST HILL, MD 21050

Title: D () Delete
Name: DAVIS, ANDREW L
Address: 128 PROSPECT STREET
City-St-Zip: NEWTON, MA 02465

Title: S (X) Delete
Name: REDMAN, BRENNAN
Address: 1505 ETHAN DRIVE
City-St-Zip: HAMPSTEAD, MD 21074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLYNN, JAMES
Address: 1000 FIRST AVENUE, SUITE 200
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: S (X) Change () Addition
Name: STOTTS, LISANNA
Address: 1000 FIRST AVENUE, SUITE 200
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: VP (X) Change () Addition
Name: TOBIA, WILLIAM
Address: 1000 FIRST AVENUE, SUITE 200
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISANNA STOTTS

S

01/18/2008

Electronic Signature of Signing Officer or Director

Date