

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90123 004 ***150.00

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**

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 **52-1493611**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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 changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Stacy M. Rosenthal
Vice President and
Assistant Secretary**

2/14/2003
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LLEWELLYN, G MICHAEL	
STREET ADDRESS	2809 BOSTON STREET	
CITY-ST-ZIP	BALTIMORE MD 21224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, MARK	
STREET ADDRESS	3751 JARRETTSVILLE PIKE	
CITY-ST-ZIP	JARRETTSVILLE MD	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MECH, ALAN T	
STREET ADDRESS	10705 POT SPRINGS RD	
CITY-ST-ZIP	COCKEYSVILLE MD 21030	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAJOTTEE, KARL	
STREET ADDRESS	432 KENTMORE TERRANCE	
CITY-ST-ZIP	ABINGDON MD 21009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMCHUK, MICHAEL	
STREET ADDRESS	10 BLUE LEAF CT.	
CITY-ST-ZIP	HUNTVALLEY MD 21030	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ANDREW L	
STREET ADDRESS	128 PROSPECT STREET	
CITY-ST-ZIP	NEWTON MA 02465	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAJOTTE, KARL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03
Date

410-636-5680
Daytime Phone #

CR2E034 (10/02)