

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 PM 2:35

DOCUMENT # P26599

(1)

1. Corporation Name

LOADOMETER CORPORATION

Principal Place of Business

3 G NASHUA CT.
BALTIMORE MD 21221-3133

Mailing Address

3 G NASHUA CT.
BALTIMORE MD 21221-3133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1989

3a. Date of Last Report
01/25/1994

2. Principal Place of Business

21

2a. Mailing Address

25

4. FEI Number

52-1151403

Applied For

Not Applicable

Suite, Apt. #, etc

22

Suite, Apt. #, etc

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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:

Signature must be printed name of registered agent and the corporation.

(NOTE: Registered Agent Signature required when reappointing.)

(JAT)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**PD
MUHLER, GARY S.
11 GLEN FALLS PATH
SPARKS MD**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**VD
MUHLER, CHARLES G.
2119 EASTRIDGE RD.
TIMONIUM MD**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**S
KRAUSS, DAVID M.
3801 ROOP ROAD
NEW WINDSOR MD**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**TD
MUHLER, BARBARA A.
2119 EASTRIDGE RD.
TIMONIUM MD**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, the officer or director empowered to execute this report as required by Chapter 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in any supplemental report with an addendum.

SIGNATURE:

GARY S. MUHLER **GARY S. MUHLER President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95
Date

410-574-0102
Telephone Number