FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P26599** **(1)**

1. Corporation Name

LOADOMETER CORPORATION

Principal Place of Business	Mailing Address
3 G NASHUA CT. BALTIMORE MD 21221-3133	3 G NASHUA CT. BALTIMORE MD 21221-3133

3. Date Incorporated or Qualified: **10/23/1989**
3a. Date of Last Report: **01/18/1995**

2. Principal Place of Business (21, 22, 23, 24, 25)
2a. Mailing Address (26, 27, 28, 29, 30)

4. FEI Number: **52-1151403** ☐ Applied For ☐ Not Applicable

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

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

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 607.1505, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE(S) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE PD 1 NAME MUHLER, GARY S. 1 STREET ADDRESS 11 GLEN FALLS PATH 1 CITY-ST-ZIP SPARKS MD	☐ DELETE	1 TITLE 1 NAME 1 STREET ADDRESS 1 BROCSTER CT. 1 CITY-ST-ZIP PAOENIX, MD. 21131	☒ Change ☐ Addition
2 TITLE VD 2 NAME MUHLER, CHARLES G. 2 STREET ADDRESS 2119 EASTRIDGE RD. 2 CITY-ST-ZIP TIMONIUM MD	☐ DELETE	2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP	☐ Change ☐ Addition
3 TITLE S 3 NAME KRAUSS, DAVID M. 3 STREET ADDRESS 3801 ROOP ROAD 3 CITY-ST-ZIP NEW WINDSOR MD	☐ DELETE	3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP	☐ Change ☐ Addition
4 TITLE TD 4 NAME MUHLER, BARBARA A. 4 STREET ADDRESS 2119 EASTRIDGE RD. 4 CITY-ST-ZIP TIMONIUM MD	☐ DELETE	4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	☐ DELETE	5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	☐ Change ☐ Addition
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	☐ DELETE	6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, if voluntarily furnished and 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 12 or Block 13 if changed or added to the report.

SIGNATURE: GARY S. MUHLER 1-17-96 410-574-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)