## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 05, 2001 8:00 am Secretary of State **DOCUMENT # P27595** PROJECT INTEGRATION, INC. 03-05-2001 90068 009 \*\*\*150.00 Principal Place of Business Mailing Address 8427 PULASKI HIGHWAY 8427 PULASKI HIGHWAY BALTIMORE MD 21237-0606 **BALTIMORE MD 21237-0606** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0162195 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATÉ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition CR2E034 (10/00 ☐ Delete TRESSLER. DALE E. NAME NAME 431 FOX CATCHER ROAD STREET ADDRESS STREET ADDRESS **BEL AIR MD** CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Defete TITLE ☐ Change ☐ Addition FINK, JOHN L NAME NAME 8427 PULAKSI HIGHWAYT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BALTIMORE MD CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE LUNDEEN, KENNETH C NAME NAME 8427 PULASKI HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BALTIMORE MD** CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN L. FINK, Secretary-Treasurer

02/26/01

Date

410-682-2000

Daytime Phone #