## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P27983  1. Entity Name DURON, INC.						Feb 10, 2002 8:00 am Secretary of State 02-10-2002 90016 017 ***150.00				
Principal Place of Business Mailing Address 10406 TUCKER STREET 10406 TUCKER STREET \$BELTSVILLE MD 20705 BELTSVILLE MD 20705										
2. Principal P	Place of Business	3. Mailing Address				4 18831643 348 33811 18838 18401 48408 1514 81861 81814 81814 81811 81811 81811 9181				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	0	City & State			4.	El Number <b>53-021</b>	0332		plied For t Applicable	
Zip	Country	Zip	Country		5.	Dertificate of Status Des		\$8.75 Add	litional	
	6. Name and Address of Current F	Registered Agent	t I		7, 1	lame and Address of				
CT CORPORATION SYSTEM				Name						
1200 S. PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					-	
PLANTATION FL 33324										
	₹ P	MOS CONTR.		City	FL Zip Code				<del></del>	
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM  1200 S. PINE ISLAND ROAD  PLANTATION FL 33324  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose registered office or registered agent, or both, in the State of Florida.										
	Signature, typed or printed name of registered agent at			Agent signature re-	quired when re	instating)	DATE	·.		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so, ia on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			00	10. Election Campa Trust Fund Conf			<b>0</b> May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	<u></u>	AD	DITIONS/CHANGES T	O OFFICERS AND	DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8014 GREENTREE ROAD			ET ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZBECK, THOMAS K 10406 TUCKER ST. BELTSVILLE MD	TUCKER ST.						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARDNER, JOHN H 10406 TUCKER ST BELTSVILLE MD 20705							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Delete HARAB, PAUL 11820 PARKLAWN DRIVE ROCKVILLE MD				–	-		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JP BLOOM, HOWARD 10400 TUDER STREET BELTSVILLE MD 20705			T ADDRESS ST-ZIP		P DOM, HOWARD 406 THICKER ST BUSSVILLE, MR 20705		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS	Direct	K, RONALD TAMPOEN LAN		Change	Addition	
13. Thereby 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 for 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 or an attachment with an action same statement with an action of the corporation of the receiver of trustee empowered.  SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.										