

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29637

1. Entity Name

LDR INTERNATIONAL INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90092 034 \*\*\*158.75

Principal Place of Business

Mailing Address

9175 GUILFORD ROAD  
 COLUMBIA MD 21046

9175 GUILFORD ROAD  
 COLUMBIA MD 21046-1849

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

52-0894579

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	HILDERBRANDT, DONALD H	
STREET ADDRESS	11101 YOUNGTREE COURT	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JARVIS, FREDERICK D	
STREET ADDRESS	10376 BUGLENOTE WAY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	<del>VP CONTROLLER</del>	<input type="checkbox"/> Delete
NAME	KOELBL, JOHN	
STREET ADDRESS	2802 PAGE DRIVE	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHRACK, J. KIPP	
STREET ADDRESS	5237 PATRIOT LANE	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HALL, JOHN C.	
STREET ADDRESS	5241 PATRIOT LANE	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAUMIER, CYRIL B	
STREET ADDRESS	11131 WILLOWBOTTOM DRIVE	
CITY-ST-ZIP	COLUMBIA MD	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Watson, CRAIG	
STREET ADDRESS	55113 SUFFIELD COURT	
CITY-ST-ZIP	COLUMBIA, MD 21044	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVIN, URI	
STREET ADDRESS	6903 DIANA Road	
CITY-ST-ZIP	Baltimore, MD 21209	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANK ALINGER	
STREET ADDRESS	7375 KINDLER Road	
CITY-ST-ZIP	COLUMBIA, MD 21046	
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		

13. 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/00

Date

410 792 4360

Daytime Phone #

CR2E034 (9/99)