

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35659

1. Entity Name

AWI SYSTEMS MANAGEMENT, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90357 044 ***150.00

Principal Place of Business

Mailing Address

10946 GOLDEN W DR
 STE 100
 HUNT VALLEY MD 21030
 US

PO BOX 238
 HUNT VALLEY MD 21030-0238
 US

2. Principal Place of Business

10946 Golden West Drive

3. Mailing Address

10946 Golden West Drive

Suite, Apt. #, etc.
 Suite 100

Suite, Apt. #, etc.
 Suite 100

City & State
 Hunt Valley, MD

City & State
 Hunt Valley, MD

4. FEI Number 52-1658469

Applied For

Not Applicable

Zip -- Country
 21030 -- US

Zip Country
 21030 US

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 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 PC ☒ Delete
 NAME WALDRON, ALLIE L
 STREET ADDRESS 10946 GOLDEN W DRIVE STE 100
 CITY-ST-ZIP HUNT VALLEY MD 21030

TITLE PC ☐ Change ☒ Addition
 NAME Zink, G. Russell
 STREET ADDRESS 10946 Golden West Drive Suite 100
 CITY-ST-ZIP Hunt Valley, MD 21030

TITLE CFO ☐ Delete
 NAME HEYDT, T K
 STREET ADDRESS 10946 GOLDEN W DRIVE TE 100
 CITY-ST-ZIP HUNT VALLEY MD

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

410-229-7516

CR2E034 (9/99)