FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DOCUMENT # P41003 1. Corporation Name

ENCOMPUS, INC

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90009 019 ***150.00

	00, 1110.				
<u> </u>		AA Mara Aalaara			
Principal Place		Mailing Address			
10065 RED RUN BOULEVARD 10065 RED RUN BOULEVARD OWINGS MILLS MD 21117 OWINGS MILLS MD 21117					
US US					DO NOT WRITE IN THIS SPACE
••					3. Date Incorporated or Qualifed
					10/19/1992
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			25-1692717 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	-		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax Yes No
24	25	29 30	<u> </u>		Personal Property Tax. Yes JNO 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81	Name	IV. Hame and Address of New Registered Agent
СТ	CORPORATION SYSTEM		[
	SOUTH PINE ISLAND ROAD		82	Street	Address (P.O. Box Number is Not Acceptable)
	STATION FL 33324		83		
,	TIME TE GOOL		**	ĺ	
			84	City	85 Zip Code
44 Pursuant	to the previous of Sections 507.0502	and 607 1508 Florida Statutes	the above	e-named	corporation submits this statement for the purpose of changing its registered
l office or re	enistered agent, or both, in the State c	of Florida. Such change was auth	ionzed by	the corpo	oration's board of directors. I hereby accept the appointment as registered
) agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statutes	i.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if goolicable (NOTE: Re	on A haratane	nt signature n	required when reinstating) DATE
12.	. OFFICERS AND		13.	n algination of the	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN,12
TITLE					
	PD	7 €-DELETE	1.1 TITLE		☐ Change Addition
NAME I	PD CIRKA LAWRENCE P	7 ≱-⊅ELETE	1.1 TITLE 1.2 NAME		P. Change Addition
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14. 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 annual report or supplemental annual 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 on an attachment with an address, with all other like empowered.

SIGNATURE: