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FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000034898 (4)**

1. Corporation Name
THE MAXWELL CORPORATION OF TAMPA BAY

Principal Place of Business	Mailing Address
11013 SPRINGRIDGE DR. TAMPA FL 33612 US	P.O. BOX 260486 TAMPA FL 33682-0486

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 6829 MITCHELL CIRCLE
Suite, Apt. #, etc. 22
City & State 23 TAMPA FLA
Zip 24 33634 Country 25 HILLSBOROUGH

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3242323 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARAJ, SUDESH
11013 SPRINGRIDGE DR.
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: MARAJ, SUDESH
82 Street Address (P.O. Box Number is Not Acceptable): 6829 MITCHELL CIRCLE
83
84 City: TAMPA FL 85 Zip Code: 33634

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] PRESIDENT 4-25-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MARAJ, SUDESH		1.2 NAME	MARAJ, SUDESH	
STREET ADDRESS	11013 SPRINGRIDGE DR.		1.3 STREET ADDRESS	6829 MITCHELL CIRCLE	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA FLA 33634	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MARAS, LAURA		2.2 NAME	MARAJ LAURA	
STREET ADDRESS	11013 SPRINGRIDGE ROAD		2.3 STREET ADDRESS	6829 MITCHELL CIRCLE	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA FLA 33634	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, SUCHILLA M		3.2 NAME		
STREET ADDRESS	10402 NORTH 27TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAHARAJ, SARAH		4.2 NAME		
STREET ADDRESS	10402 NORTH 27TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARAJ, TARA		5.2 NAME		
STREET ADDRESS	10402 NORTH 27TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 4-25-97 813-890-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #