

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

5

000000

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90037 047 \*\*\*150.00

DOCUMENT # 846400

1. Corporation Name ENERGY CONTROLS INTERNATIONAL, INC.



Principal Place of Business 10946 GOLDEN WEST DR. SUITE 130 HUNT VALLEY MD 21031 US

Mailing Address 10946 GOLDEN WEST DR. SUITE 130 HUNT VALLEY MD 21031 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

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

3. Date Incorporated or Qualified 07/01/1980

4. FEI Number 52-0905723 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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, 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	D	<input type="checkbox"/> DELETE
NAME	RICE, KEITH K	
STREET ADDRESS	10946 GOLDEN WEST DR. #130	
CITY-ST-ZIP	HUNT VALLEY MD 21031	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FITZGERALD, PATRICK F	
STREET ADDRESS	10946 GOLDEN WEST DR. #130	
CITY-ST-ZIP	HUNT VALLEY MD 21031	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HOWARD, SUSAN M	
STREET ADDRESS	10946 GOLDEN WEST DR. #130	
CITY-ST-ZIP	HUNT VALLEY MD 21031	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOODSIDE, SAMUEL T	
STREET ADDRESS	10946 GOLDEN WEST DR. #130	
CITY-ST-ZIP	HUNT VALLEY MD 21031	
TITLE	VFPD	<input checked="" type="checkbox"/> DELETE
NAME	VAILLE, ERNEST J	
STREET ADDRESS	206 N TYRONE	
CITY-ST-ZIP	BALTIMORE MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Treasurer Keith T. Spillane
5.3 STREET ADDRESS	10946 Golden West Dr. #130
5.4 CITY-ST-ZIP	Hunt Valley, MD 21031
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]* Treasurer 4/30/99 410-403-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)