

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90023 014 \*\*\*150.00

**DOCUMENT # F99000004739**

1. Entity Name

**INSLOGIC.COM CORPORATION**

Principal Place of Business

Mailing Address

8117 PRESTON, SUITE 205  
 DALLAS TX 75225

8117 PRESTON, SUITE 205  
 DALLAS TX 75225-6913

2. Principal Place of Business

3. Mailing Address

**5950 SYMPHONY WOODS RD**

**5950 SYMPHONY WOODS RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**S10**

**S10**

City & State

**COLUMBIA MD**

City & State

**COLUMBIA MD**

Zip

**21074**

Country

**USA**

Zip

**21074**

Country

**USA**

4. FEI Number

**75-2834361**

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

**C T CORPORATION SYSTEM  
 1200 SOUTH 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	<b>PST</b> <input checked="" type="checkbox"/> Delete
NAME	<b>KAWALICK, STEVEN M</b>
STREET ADDRESS	<b>8117 PRESTON, SUITE 205</b>
CITY-ST-ZIP	<b>DALLAS TX 75225</b>
TITLE	<b>SECRETARY</b> <input type="checkbox"/> Delete
NAME	<b>KAWALICK, STEVEN M</b>
STREET ADDRESS	<b>8117 PRESTON, SUITE 205</b>
CITY-ST-ZIP	<b>DALLAS TX 75225</b>
TITLE	<del>VICE PRESIDENT</del> <input type="checkbox"/> Delete
NAME	<del>RICHARD A. SPENCER III</del>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DENNIS R. HOWARD</b>
STREET ADDRESS	<b>1771 POWDERHORN ROAD</b>
CITY-ST-ZIP	<b>MIDDLETON, PA. 17057</b>
TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD A. SPENCER III</b>
STREET ADDRESS	<b>4300 CARLIAGE COURT</b>
CITY-ST-ZIP	<b>KEESWICK, MD. 20895</b>
TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHARLES E. LATHAM, JR</b>
STREET ADDRESS	<b>18310 PAGES END</b>
CITY-ST-ZIP	<b>DAVIDSON, NC 28036</b>
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: Richard A. Spencer III **Richard Spencer** 5/19/2000 **5/19/2000** 410-772-3666 **410-772-3666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #