

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90038 047 ***150.00

DOCUMENT # F99000004811

1. Entity Name

CARAPACE CORPORATION

Principal Place of Business

Mailing Address

8705-C BOLLMAN PLACE
 SAVAGE MD 20763

8705-C BOLLMAN PLACE
 SAVAGE MD 20763-9775

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

~~52-2650077~~ ~~56-2650077~~

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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 Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GROVES, DOUGLAS N	
STREET ADDRESS	12107 DISK VIEW COURT	
CITY-ST-ZIP	CLARKSVILLE MD 21029	
TITLE	V	<input type="checkbox"/> Delete
NAME	ELLIS, ROBERT	
STREET ADDRESS	5801 LAKEVIEW DRIVE	
CITY-ST-ZIP	SYKESVILLE MD 21784	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HIGHLEY, EVAN G III	
STREET ADDRESS	13710 GRASMERE ROAD	
CITY-ST-ZIP	SILVER SPRING MD 20904	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JOY, KENNETH T	
STREET ADDRESS	2125 R STREET N.W.	
CITY-ST-ZIP	WASHINGTON DC 20009	
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"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Evan G. Highley III* **Evan G. Highley III** Sec/Treasurer 1/24/00 301 256 3100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #