

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 28, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000001688**

1. Entity Name  
**HSP VERIFIED, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>1120 G. STREET NW STE. 330<br><br>WASHINGTON DC 20005 | Mailing Address<br>1120 G. STREET NW STE. 330<br><br>WASHINGTON DC 20005 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
| City & State  | City & State                                  |

DO NOT WRITE IN THIS SPACE

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|   |   |
|---|---|
| 4. FEI Number<br><b>52-1985659</b>                        | Applied For<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required   |

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
  
 PLANTATION FL 33324 US

**7. Name and Address of New Registered Agent**

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 **03/28/2001**  
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, 2001 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                      | D                         | <input type="checkbox"/> Delete |  |
| NAME                       | LARSEN KATHIE PHD         |                                 |  |
| STREET ADDRESS             | 1120 G STREET, NW STE 330 |                                 |  |
| CITY-ST-ZIP                | WASHINGTON DC 20005       |                                 |  |
| TITLE                      | D                         | <input type="checkbox"/> Delete |  |
| NAME                       | STRICKER GEORGE PHD       |                                 |  |
| STREET ADDRESS             | 1120 G STREET, NW STE 330 |                                 |  |
| CITY-ST-ZIP                | WASHINGTON DC 20005       |                                 |  |
| TITLE                      | D                         | <input type="checkbox"/> Delete |  |
| NAME                       | PENNER NORMAN MPH         |                                 |  |
| STREET ADDRESS             | 1120 G STREET, NW STE 330 |                                 |  |
| CITY-ST-ZIP                | WASHINGTON DC 20005       |                                 |  |
| TITLE                      | VST                       | <input type="checkbox"/> Delete |  |
| NAME                       | DOVEL DAWN                |                                 |  |
| STREET ADDRESS             | 1120 G STREET, NW STE 330 |                                 |  |
| CITY-ST-ZIP                | WASHINGTON DC 20005       |                                 |  |
| TITLE                      | PC                        | <input type="checkbox"/> Delete |  |
| NAME                       | HALL JUDY EPHD            |                                 |  |
| STREET ADDRESS             | 1120 G STREET, NW STE 330 |                                 |  |
| CITY-ST-ZIP                | WASHINGTON DC 20005       |                                 |  |
| TITLE                      |                           | <input type="checkbox"/> Delete |  |
| NAME                       |                           |                                 |  |
| STREET ADDRESS             |                           |                                 |  |
| CITY-ST-ZIP                |                           |                                 |  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|---|--|---------------------------------|-----------------------------------|
| 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   |  |                                 |                                   |
| 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:** Judy E. Hall, Ph.D. **Pres** 03/28/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)