

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006561

1. Entity Name

WESTAT, INC.

Principal Place of Business
1650 RESEARCH BOULEVARD
ROCKVILLE MD 20850

Mailing Address
1650 RESEARCH BOULEVARD
ROCKVILLE MD 20850

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CD	WAKSBERG, JOSEPH	1650 RESEARCH BOULEVARD	ROCKVILLE MD 20850	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PTD	HUNT, JOSEPH A	1650 RESEARCH BOULEVARD	ROCKVILLE MD 20850	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VSD	MCKENNA, THOMAS W	1650 RESEARCH BOULEVARD	ROCKVILLE MD 20850	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	DIETZ, STEPHEN K	1650 RESEARCH BOULEVARD	ROCKVILLE MD 20850	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	KALTON, GRAHAM	1650 RESEARCH BOULEVARD	ROCKVILLE MD 20850	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	SLOBASKY, RENEE	1650 RESEARCH BOULEVARD	ROCKVILLE MD 20850	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90342 020 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **84-0529566** Applied For ☐ Not Applicable ☐

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

CR2E034 (10/00)