


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000006561 1. Entity Name WESTAT, INC.	
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Principal Place of Business 1650 RESEARCH BOULEVARD ROCKVILLE, MD 20850	Mailing Address 1650 RESEARCH BOULEVARD ROCKVILLE, MD 20850
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DO NOT WRITE IN THIS SPACE



06162004 No Chg-P CR2E034 (10/03)

4. FEI Number 84-0529566	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE *[Signature]*

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD WAKSBERG, JOSEPH 1650 RESEARCH BOULEVARD ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD HUNT, JOSEPH A 1650 RESEARCH BOULEVARD ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MCKENNA, THOMAS W 1650 RESEARCH BOULEVARD ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DIETZ, STEPHEN K 1650 RESEARCH BOULEVARD ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KALTON, GRAHAM 1650 RESEARCH BOULEVARD ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SLOBASKY, RENEE 1650 RESEARCH BOULEVARD ROCKVILLE, MD 20850

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100000163023
07/02/04-80001-004 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE: *[Signature]* *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #