

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000006561

1. Entity Name  
WESTAT, INC.



Principal Place of Business  
1650 RESEARCH BOULEVARD  
ROCKVILLE, MD 20850

Mailing Address  
1650 RESEARCH BOULEVARD  
MICHAEL K. LAGARDE  
ROCKVILLE, MD 20850



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
84-0529566

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U000000799362  
01/30/08-80065-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
KALTON, GRAHAM  
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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/08 301-610-4827