2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P05228 1. Entity Name PUBLIC ADMINISTRATION SERVICE INC. 02-06-2001 90249 043 ****61.25 Principal Place of Business Mailing Address 7927 JONES BRANCH DRIVE 7927 JONES BRANCH DRIVE SOUTH WING FIRST FLOOR SOUTH WING FIRST FLOOR 712615 MCLEAN VA 22102 MCLEAN VA 22102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2169166 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301 City Zip Code FL 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME SITKOFF, THEODORE NAME STREET ADDRESS 12910 CLEVELAND DRIVE STREET ADDRESS CITY-ST-ZIP **ROCKVILLE MD** CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition ☐ Change DENTON, EUGENE H NAME STREET ADDRESS 9646 W 116TH TERR SHAWNEE MISSION STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHAWNEE MISSION KS 66210 TITLE S Delete TITLE Change Addition NAME HOLLMAN, LAWRENCE D. NAME STREET ADDRESS 6504 KENHILL RD STREET ADDRESS CiTY-ST-ZIP BETHESDA MD CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition KHATIWADA, RAMESH NAME NAME STREET ADDRESS 11913 WINTERTHUR LANE STREET ADDRESS CITY-ST-ZIP RESTON VA 20191 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition LAPORTE, ROBERT JR NAME NAME STREET ADDRESS 6505 LYNWOOD PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOALSBURG PA 16827** Delete TITLE ☐ Change ☐ Addition JOHN J. DeBOLSKE BURNEY, MAHUD A NAME STREET ADDRESS 5312 WESTPATH WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BETHESDA MD 20816 PHO<u>ERIX</u> I hereby certify that the information supplied with this filling 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 617, 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 impowered.

1/30/01

703-7348970