


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 821398 1. Entity Name ATLANTIC RESEARCH CORPORATION	
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Principal Place of Business 5945 WELLINGTON RD GAINESVILLE, VA 20155 US	Mailing Address C/O SEQUA CORP. 3 UNIVERSITY PLAZA HACKENSACK, NJ 07601 US
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04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-0839141	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000115148  
04/16/04-80012-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIENDL, BARBARA F. 9451 WEATHERSFIELD DRIVE BRISTOW, VA 20136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JENKINS, PATRICK J 102 WINDOVER AVENUE VIENNA, VA 22180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BLICKENS DERFER, MICHAEL 3 UNIVERSITY PLAZA HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD QUICKE, JOHN J 200 PARK AVENUE NEW YORK, NY 10166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, NORMAN E. 200 PARK AVENUE NEW YORK, NY 10166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Blickensderfer V.P. TAXES 04/16/04 201-343-1122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #