

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 821398

1. Entity Name
ATLANTIC RESEARCH CORPORATION



Principal Place of Business
5945 WELLINGTON RD
GAINESVILLE, VA 20155 US

Mailing Address
C/O SEQUA CORP. 3 UNIVERSITY PLAZA
HACKENSACK, NJ 07601 US



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-0839141

Applied For
Not Applicable

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

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE S
NAME BIENDL, BARBARA F.
STREET ADDRESS 9451 WEATHERSFIELD DRIVE
CITY-ST-ZIP BRISTOW, VA 20136

TITLE VPD
NAME JENKINS, PATRICK J
STREET ADDRESS 102 WINDOVER AVENUE
CITY-ST-ZIP VIENNA, VA 22180

TITLE VPT
NAME BLICKENSDECKER, MICHAEL
STREET ADDRESS 3 UNIVERSITY PLAZA
CITY-ST-ZIP HACKENSACK, NJ 07601

TITLE CPD
NAME QUICKE, JOHN J
STREET ADDRESS 200 PARK AVENUE
CITY-ST-ZIP NEW YORK, NY 10166

TITLE D
NAME ALEXANDER, NORMAN E.
STREET ADDRESS 200 PARK AVENUE
CITY-ST-ZIP NEW YORK, NY 10166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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02/07/05-80022-002 150.00

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT, TAX 03/14/05 201-313-1122
Date Daytime Phone #