

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90103 027 ***150.00

DOCUMENT # 831277

1. Entity Name

COLUMBIA RESEARCH CORPORATION

Principal Place of Business

**2531 JEFFERSON DAVIS HIGHWAY
ARLINGTON VA 22202-3917
US**

Mailing Address

**2531 JEFFERSON DAVIS HIGHWAY
ARLINGTON VA 22202-3917
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-0881802**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, ODUM W
258 MARLIN CIRCLE
PANAMA CITY FL 32411**

Name

ODUM, THOMAS W.

Street Address (P.O. Box Number is Not Acceptable)

2410 PELICAN BAY CT

PANAMA CITY BEACH

City

FL

Zip Code **32408**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VAS	<input type="checkbox"/> Delete
NAME	MURPHY, MICHAEL J.	
STREET ADDRESS	5573 SEMINARY RD UNIT 212	
CITY-ST-ZIP	FALLS CHURCH VA 22041	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODING, ROBERT C.	
STREET ADDRESS	3440 S. JEFFERSON ST., #628	
CITY-ST-ZIP	FALLS CHURCH VA	
TITLE	SV	<input type="checkbox"/> Delete
NAME	PARKER, PATRICIA	
STREET ADDRESS	5940 CRAFT RD	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	WITBECK, NORMAN C	
STREET ADDRESS	1801 CRYSTAL DR #808	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, ALFRED M	
STREET ADDRESS	6317 CHAUCER VIEW CIR	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERG, JOHN R	
STREET ADDRESS	3202 N. TACOMA STREET	
CITY-ST-ZIP	ARLINGTON VA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

James R. Culp - **DIRECTOR OF FINANCE**

4/25/01
Date

(703) 841-1445 X 297
Daytime Phone #

CR2E034 (10/00)