

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90051 047 \*\*\*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**  
**1201 M Street, SE**

**3. Mailing Address**  
**1201 M Street, SE**

**Suite, Apt. #, etc.**  
**Suite 010**

**Suite, Apt. #, etc.**  
**Suite 010**

**City & State**  
**Washington, DC**

**City & State**  
**Washington, DC**

**Zip**  
**20003-3703**

**Country**  
**US**

**Zip**  
**20003-3703**

**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**

**THOMAS, ODUM W**  
**2410 PELICAN BAY CT**  
**PANAMA CITY FL 32408**

**7. Name and Address of New Registered Agent**

**Name** **Odum, W. Thomas**

**Street Address (P.O. Box Number is Not Acceptable)**  
**3209 Magnolia Island Blvd.**

**City** **Panama City Beach** **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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VAS</b> <b>MURPHY, MICHAEL J.</b> <b>2111 JEFFERSON DAVIS HWY., Apt. 204 South</b> <b>Arlington, VA 22202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>Odum, W. Thomas</b> <b>3209 Magnolia Island Blvd.</b> <b>Panama City Beach, FL 32408</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Patricia C. Parker*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*11 January 2002 (202) 546-1435*  
**Date Daytime Phone**

CR2E034 (9/01)