

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90947 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 831277 1. Entity Name COLUMBIA RESEARCH CORPORATION	
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Principal Place of Business 1201 N STREET NE SUITE 010 WASHINGTON, DC 20003-3703 US	Mailing Address 1201 N STREET NE SUITE 010 WASHINGTON, DC 20003-3703 US
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2. Principal Place of Business 1201 M Street, SE Suite, Apt. #, etc. Suite 010	3. Mailing Address 1201 M Street, SE Suite, Apt. #, etc. Suite 010
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City & State Washington, DC	City & State Washington, DC
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Zip 20003-3703	Country US	Zip 20003-3703	Country US
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☒ CHECK HERE IF MAKING CHANGES

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 3209 MAGNOLIA ISLAND BLVD PANAMA CITY, FL 32408	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

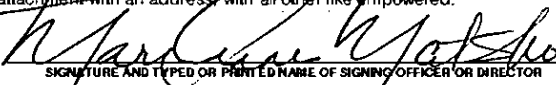
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MURPHY, MICHAEL J. 2111 JEFFERSON DAVIS HWY APT 204 S. ARLINGTON, VA 22202 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Matsko, Mary Anne 6222 Shore Drive Tracey's Landing, MD 20779 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODUM, THOMAS W 3209 MAGNOLIA ISLAND BLVD PANAMA CITY BEACH, FL 32408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Parker, Patricia 5940 Craft Rd. Alexandria, VA ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PARKER, PATRICIA 6940 CRAFT RD ALEXANDRIA, VA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WITBECK, NORMAN C 1801 CRYSTAL DR #808 ARLINGTON, VA ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WITBECK, NORMAN C 1801 CRYSTAL DR #808 ARLINGTON, VA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, ALFRED M 6317 CHAUCER VIEW CIR ALEXANDRIA, VA ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, ALFRED M 6317 CHAUCER VIEW CIR ALEXANDRIA, VA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERG, JOHN R 3202 N. TACOMA STREET ARLINGTON, VA ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  4/4/03 202-546-1435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 202-546-1435

CR2E034 (10/02)