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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

Principal Place of Business	Mailing Address
1201 N STREET NE SUITE 010 WASHINGTON, DC 20003-3703 US	1201 N STREET NE SUITE 010 WASHINGTON, DC 20003-3703 US

2. Principal Place of Business	3. Mailing Address
1201 M Street, SE	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: US

☒ 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	7. Name and Address of New Registered Agent
THOMAS, ODUM W 3209 MAGNOLIA ISLAND BLVD PANAMA CITY, FL 32408	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

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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV PARKER, PATRICIA 5940 CRAFT RD ALEXANDRIA, VA	☐ 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	PTD WITBECK, NORMAN C 1801 CRYSTAL DR #808 ARLINGTON, VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERG, JOHN R 3202 N. TACOMA STREET ARLINGTON, VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Mary Anne Matsko 4/4/03 202-546-1435 ext 303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #