

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2000 8:00 am**
Secretary of State

01-19-2000 90182 016 ***150.00

A0006885



DO NOT WRITE IN THIS SPACE

DOCUMENT # 832401

1. Entity Name

PRC INC. OF DELAWARE

Principal Place of Business

**PRC DRIVE
MCLEAN VA 22102**

Mailing Address

**1500 PRC DRIVE
MS 4N2
MCLEAN VA 22102-5002
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

95-1783392

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

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.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	AT	<input type="checkbox"/> Delete
NAME	MURCHAKE, STEPHEN J	
STREET ADDRESS	1500 PRC DR.	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JOHN E PRESTON	
STREET ADDRESS	21240 BURBANK BLVD	
CITY-ST-ZIP	WOODLAND HILLS CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEANETTE M. THOMAS	
STREET ADDRESS	21240 BURBANK BLVD	
CITY-ST-ZIP	WOODLAND HILLS CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	TIMOTHY G. PAULSON	
STREET ADDRESS	21240 BURBANK BLVD	
CITY-ST-ZIP	WOODLAND HILLS CA	
TITLE	P	<input type="checkbox"/> Delete
NAME	POMATA, LEONARD M	
STREET ADDRESS	1500 PRC DR	
CITY-ST-ZIP	MCLEAN VA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BECKA, JOHN A	
STREET ADDRESS	1500 PRC DR.	
CITY-ST-ZIP	MCLEAN VA 22102	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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

Date

Daytime Phone #

CR2E034 (9/99)