

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90011 001 ***550.00

DOCUMENT # F00000001430

1. Entity Name
STATISTICA, INC.

LA

Principal Place of Business
800 SOUTH FREDERICK AVE., SUITE 204
GAITHERSBURG MD 20877-4150

Mailing Address
800 SOUTH FREDERICK AVE., SUITE 204
GAITHERSBURG MD 20877-4150



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1089282**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **PCD** ☒ Delete
NAME **CULVER, WALTER J**
STREET ADDRESS **800 SOUTH FREDERICK AVE., SUITE 204**
CITY-ST-ZIP **GAITHERSBURG MD 20877-4150**

TITLE **VD** ☐ Delete
NAME **OLESON, RAY J**
STREET ADDRESS **800 SOUTH FREDERICK AVE., SUITE 204**
CITY-ST-ZIP **GAITHERSBURG MD 20877-4150**

TITLE **SD** ☒ Delete
NAME **KARISH, DAVID A**
STREET ADDRESS **800 SOUTH FREDERICK AVE., SUITE 204**
CITY-ST-ZIP **GAITHERSBURG MD 20877-4150**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **S. BRADFORD ANTLE**
STREET ADDRESS **8484 WESTPARK DR., SUITE 630**
CITY-ST-ZIP **MCLEAN, VA 22102**

TITLE **VTD** ☐ Change ☒ Addition
NAME **THOMAS E. DUNN**
STREET ADDRESS **8484 WESTPARK DR., SUITE 630**
CITY-ST-ZIP **MCLEAN, VA 22102**

TITLE **S** ☐ Change ☒ Addition
NAME **WILLIAM L. SARGEANT**
STREET ADDRESS **407 CHURCH ST., NE**
CITY-ST-ZIP **VIENNA, VA 22180**

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
Robert Day

7/5/2001
Date

301-926-9002x41
Daytime Phone #

CR2E034 (5/01)