

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2002 8:00 am**  
**Secretary of State**

08-16-2002 90001 003 \*\*\*550.00

**DOCUMENT # F00000001430**

1. Entity Name  
**STATISTICA, INC.**



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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2099 GAITHER ROAD**

3. Mailing Address  
**2099 GAITHER ROAD**

Suite, Apt. #, etc.  
**3RD FLOOR**

Suite, Apt. #, etc.  
**3RD FLOOR**

City & State  
**ROCKVILLE MD**

City & State  
**ROCKVILLE**

4. FEI Number  
**52-1089282**

Applied For  
☐ Not Applicable

Zip  
**20850**

Country  
**USA**

Zip  
**MD**

Country  
**USA**

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**

**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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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**

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

TITLE  
**PD** ☐ Delete  
NAME  
**BRADFORD, ANTLE S**  
STREET ADDRESS  
**8484 WESTPARK DR., SUITE 630**  
CITY-ST-ZIP  
**MC LEAN VA 22102**

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

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

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

TITLE  
**VTD** ☐ Delete  
NAME  
**DUNN, THOMAS E**  
STREET ADDRESS  
**8484 WEST PARK DR., SUITE 630**  
CITY-ST-ZIP  
**MC LEAN VA 22102**

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

TITLE  
**S** ☐ Delete  
NAME  
**SARGEANT, WILLIAM L**  
STREET ADDRESS  
**407 CHURCH STREET, N.E.**  
CITY-ST-ZIP  
**VIENNA VA 22180**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Robert Day**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/24/2002** **240-778-1303**  
Date Daytime Phone #

CR2E034 (4/02)