

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000006043**1. Entity Name
CRA, INC.**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90027 019 ***150.00

Principal Place of Business
8580 CINDERBED ROAD, #2400
NEWINGTON VA 22122Mailing Address
8580 CINDERBED ROAD, #2400
NEWINGTON VA 22122

DO NOT WRITE IN THIS SPACE

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 54-1870480		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****CORPORATION SERVICE COMPANY**
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	ROBBINS, CHARLES H	NAME	
STREET ADDRESS	8580 CINDERBED ROAD, #2400	STREET ADDRESS	
CITY-ST-ZIP	NEWINGTON VA 22122	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	ROBBINS, CHARLES B.	NAME	
STREET ADDRESS	8580 CINDERBED ROAD, #2400	STREET ADDRESS	
CITY-ST-ZIP	NEWINGTON VA 22122	CITY-ST-ZIP	
TITLE	CFO	TITLE	
NAME	WETHERELL, JOHN R	NAME	
STREET ADDRESS	8580 CINDERBED ROAD, #2400	STREET ADDRESS	
CITY-ST-ZIP	NEWINGTON VA 22122	CITY-ST-ZIP	
TITLE	COO	TITLE	
NAME	STARR, MICHAEL D	NAME	
STREET ADDRESS	8580 CINDERBED ROAD, #2400	STREET ADDRESS	
CITY-ST-ZIP	NEWINGTON VA 22122	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 DIRECTOR4/30/01
Date703-550-8145
Daytime Phone #

CR2E034 (10/00)