

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

05/8120 AT

DOCUMENT # F01000000732

1. Entity Name
CTX CORPORATION

03-19-2002 90036 021 ***150.00

Principal Place of Business
7945 MACARTHUR BLVD., SUITE 210
CABIN JOHN MD 20818

Mailing Address
7945 MACARTHUR BLVD., SUITE 210
CABIN JOHN MD 20818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8229 Boone Blvd

3. Mailing Address
8229 Boone Blvd

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Vienna VA

City & State
Vienna VA

Zip
22182

Country
USA

Zip
22182

Country
USA

4. FEI Number
52-1842176

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PAYNE, WENDY
6800 TOM KING BAYOU RD.
NAVARRE FL 32566

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 of changing its registered office or registered agent, or both, in the State of Florida.
 Signature **Kevin Phillips**
Vice President
CTX Corporation
 (NOTE: Registered Agent signature required when reinstating) DATE **8 Feb 02**

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, 2002 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	C BLOHM, JOHN 13 ELIOT COURT HUNTVALLY MD 21030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kevin Phillips 13017 Farthingale Dr Herndon VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MURRAY, STEVE 14411 DARNESTOWN ROAD GERMANTOWN MD 20874	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOW, ANDREW 1136 GOODWIN ROAD N.E. ATLANTA GA 30324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, PETER 3118 WOODLEY ROAD, N.W. WASHINGTON DC 20008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAYS STEVENS, TRACY 14108 CRICKETT LANE SILVER SPRING MD 20904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAW, RICHARD 14613 PINTO LANE ROCKVILLE MD 20850	TITLE 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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **8 Feb 02** Daytime Phone # **(703) 882-0700**

CR2E034 (9/01)