## Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90094 013 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

Principal Place of Business

F02000001508

Mailing Address

1. Entity Name

KASTEN CHASE APPLIED RESEARCH, INC.



21515 RIDGETOP CIRCLE. SUITE 210 21515 RIDGETOP CIRCLE, SUITE 210 STERLING VA 20166-6509 STERLING VA 20166-6509 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 16-1360633 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 FILE NOW!!! FEE IS \$150.00 Election Campaign Financing .\$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE HYDE, PAUL N NAME NAME 5100 ORBITOR DRIVE, MISSISSAUGA ONTARIO STREET ADDRESS STREET ADDRESS CANADA L4W 4Z4 CITY-ST-ZIP CITY-ST-ZIP TITLE SD Delete TITLE ☐ Change Addition NAME MILLIGAN, MICHAEL J NAME 5100 ORBITOR DRIVE, MISSISSAUGA ONTARIO STREET ADDRESS STREET ADDRESS CANADA L4W 4Z4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 empayered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

January 15, 2003 905-238-6900