

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91315 043 \*\*\*150.00

0665140 AB

**DOCUMENT # F95000001214**

1. Entity Name

**MEVATEC CORPORATION**



Principal Place of Business

**1525 PERIMETER PARKWAY, STE 500  
HUNTSVILLE AL 35806**

Mailing Address

**1525 PERIMETER PARKWAY, STE 500  
HUNTSVILLE AL 35806**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**13850 MCLEAREN RD.**

Suite, Apt. #, etc.

City & State

City & State  
**HERNDON, VA**

4. FEI Number

**85-0333275**

Applied For

Not Applicable

Zip

Country

Zip

**20171**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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 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**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD ARCHULETA, NANCY E 1525 PERIMETER PARKWAY, STE 500 HUNTSVILLE AL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOUSER, C T 1525 PERIMETER PARKWAY, STE 500 HUNTSVILLE AL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULTON, LARRY S 1525 PERIMETER PARKWAY, STE 500 HUNTSVILLE AL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, LYDIA A. 1525 PERIMETER PKW., STE 500 HUNTSVILLE AL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODNIGHT, GLENN P 1525 PERIMETER PARKWAY, STE 500 HUNTSVILLE AL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSC MUNCY, W D 1525 PERIMETER PARKWAY, STE 500 HUNTSVILLE AL 35806	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Sheila C. Cheston 1601 Research Blvd. Rockville, MD 20850	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS Sheila C. Cheston 1601 Research Blvd. Rockville, MD 20850	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark H. Ronald 1601 Research Blvd. Rockville, MD 20850	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT Terry L. Shaw 1601 Research Blvd. Rockville, MD 20850	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS D. Mark Baker 1601 Research Blvd. Rockville, MD 20850	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

Sheila C. Cheston, VP & Asst:Sec. 703-736-4757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)