

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91295 025 ***150.00

655626



DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000002048

1. Entity Name
SCHNABEL ENGINEERING ASSOCIATES, INCORPORATED

Principal Place of Business 10215 FERNWOOD RD., #250 BETHESDA MD 20817	Mailing Address P.O. BOX 1360 ASHLAND VA 23005-1517 US
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2. Principal Place of Business 656 QUINCE ORCHARD Suite, Apt. #, etc. BLVD, SUITE 700 City & State GAITHERSBURG, MD	3. Mailing Address Suite, Apt. #, etc. City & State Zip 20878 Country USA
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4. FEI Number 52-1644902	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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 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.

SIGNATURE _____ (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 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MARTIN, RAY E 114 N. RAILROAD AVE. ASHLAND VA 23005-1517 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDC SCHNABEL, JAMES J 10215 FERNWOOD RD. BETHESDA MA 20817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 656 QUINCE ORCHARD BLVD, SUITE 700 GAITHERSBURG, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESTEPHEN, RAYMOND A 1 W. CARY ST. RICHMOND VA 23220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WARGO, RICHARD 104 CORPORATE BLVD., STE 420 WEST COLUMBIA SC 29169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS MATHESON, GORDON 10215 FERNWOOD RD. BETHESDA MD 20817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 656 QUINCE ORCHARD BLVD, SUITE 700 GAITHERSBURG, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ASBURY, JUDITH A 114 N. RAILROAD AVE ASHLAND VA 23005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ 4/30/01 804-798-0081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (10/00)