

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0663130 AB

DOCUMENT # F95000002048

1. Entity Name
SCHNABEL ENGINEERING ASSOCIATES, INCORPORATED



05-05-2003 90376 015 ***150.00

Principal Place of Business
**656 QUINCE ORCHARD
BLVD. SUITE 700
GAITHERSBURG MD 20878**

Mailing Address
**P.O. BOX 1360
ASHLAND VA 23005-1517
US**



2. Principal Place of Business

3. Mailing Address

1054 TECHNOLOGY PARK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
GLEN ALLEN VA

4. FEI Number
52-1644902

Applied For
Not Applicable

Zip Country

Zip Country
23059 US

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CB
MARTIN, RAY E
114 N. RAILROAD AVE.
ASHLAND VA 23005-1517** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
CAMPBELL, DAVID B.
510 E GAY STREET
WEST CHESTER PA 19380** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
WIRTH, GEORGE
1504 WOODLAWN DR.
BALTIMORE MD 21207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
DESTEPHEN, RAYMOND A
1 W. CARY ST.
RICHMOND VA 23220** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
WARGO, RICHARD
104 CORPORATE BLVD., STE 420
WEST COLUMBIA SC 29169** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOP
MATHESON, GORDON
656 QUINCE ORCHARD BLVD., SUITE 700
GAITHERSBURG MD 20878** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CBCEOP
1054 TECHNOLOGY PARK DRIVE
GLEN ALLEN VA 23059** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
ASBURY, JUDITH A
1054 TECHNOLOGY PARK DRIVE
GLEN ALLEN VA 23059** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 (804) 264-3222

Date

Daytime Phone #

CR2E034 (10/02)