

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90062 047 \*\*\*150.00

**DOCUMENT # F95000006276**

1. Entity Name

D.M. DATA CORPORATION



Principal Place of Business

406 E LIPPINCOTT DR  
SUITE E  
MARLTON N 08053  
US

Mailing Address

406 E LIPPINCOTT DR  
SUITE E  
MARLTON N 08053  
US

70030153



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
16000 Commerce Pkwy  
Suite, Apt. #, etc. Suite A

3. Mailing Address

16000 Commerce Pkwy  
Suite, Apt. #, etc. Suite A

City & State  
Mount Laurel NJ

City & State  
Mount Laurel NJ

Zip  
08054

Country

Zip  
08054

Country

4. FEI Number  
22-2448540

Applied For  
Not Applicable

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 D  
NAME HAWK, ALBERT  
STREET ADDRESS 7361 CALHOUN PLACE, SUITE 510  
CITY-ST-ZIP ROCKVILLE MD 20855 ☐ Delete

TITLE D  
NAME RAMAMOORTHY, BALA  
STREET ADDRESS 7361 CALHOUN PLACE, SUITE 510  
CITY-ST-ZIP ROCKVILLE MD 20855 ☐ Delete

TITLE P  
NAME TALBOT, WARREN  
STREET ADDRESS 406 E LIPPINCOTT DR  
CITY-ST-ZIP MARLTON N 08053 ☐ Delete

TITLE VP  
NAME RAMASAMY, SAM  
STREET ADDRESS 30 CASTLETON LANE  
CITY-ST-ZIP MOORESTOWN NJ 08057 ☐ Delete

TITLE CFO  
NAME O'CALLAGHAN, MICHAEL  
STREET ADDRESS 16 COLWICK ROAD  
CITY-ST-ZIP CHERRY HILL NJ 08002 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO  
NAME James Bland  
STREET ADDRESS 1420 Springhill Rd, Ste 420  
CITY-ST-ZIP McLean VA 22102 ☐ Change ☒ Addition

TITLE VP of Finance  
NAME Robert Hutton  
STREET ADDRESS 1420 Springhill Rd, Ste 420  
CITY-ST-ZIP McLean VA 22102 ☐ Change ☒ Addition

TITLE President  
NAME Warren Talbot  
STREET ADDRESS 16000 Commerce Parkway, Ste A  
CITY-ST-ZIP Mount Laurel, NJ 08054 ☒ Change ☐ Addition

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

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

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

3/6/2003

856-787-0020

Date

Daytime Phone #

CR2E034 (10/02)