

FORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90021 032 ***150.00

DOCUMENT # F96000001888

1. Entity
 OAO SERVICES, INC.

Principal Place of Business
 7500 GREENWAY CENTER DRIVE
 16TH FLOOR
 GREENBELT MD 20770

Mailing Address
 7500 GREENWAY CENTER DRIVE
 16TH FLOOR
 GREENBELT MD 20770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-1366345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME PRATT, GREGORY
 STREET ADDRESS 7500 GREENWAY CENTER DRIVE
 CITY-ST-ZIP GREENBELT MD 20770-0750

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

TITLE VPD ☐ Delete
 NAME HAZELL, CHRISTINE
 STREET ADDRESS 7500 GREENWAY CENTER DRIVE
 CITY-ST-ZIP GREENBELT MD 20770-0750

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

TITLE VPCF ☐ Delete
 NAME FOX, JEFF
 STREET ADDRESS 7500 GREENWAY CENTER DRIVE
 CITY-ST-ZIP GREENBELT MD 20770-0750

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

TITLE D ☒ Delete
 NAME DUCANES, A. CHRISTOPHER
 STREET ADDRESS 7500 GREENWAY CENTER DRIVE
 CITY-ST-ZIP GREENBELT MD 20770-0750

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

TITLE D ☒ Delete
 NAME ROSS, DONALD
 STREET ADDRESS 7500 GREENWAY CENTER DRIVE
 CITY-ST-ZIP GREENBELT MD 20770

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition
 NAME Dianne R. Sagner
 STREET ADDRESS 7500 Greenway Center Drive
 CITY-ST-ZIP Greenbelt, MD 20770-0750

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)