

**2000 UNIFORM BUSINESS REPORT (UBR)**

0571627

DOCUMENT # **F97000001838**

Entity Name  
**FEDERAL RESEARCH CORPORATION**

**FILED**

**00 APR 19 PM 4:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
SEVENTH STREET, NW, SUITE 101 400 SEVENTH STREET, NW, SUITE 101  
WASHINGTON DC 20004 WASHINGTON DC 20004-2238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **54-1458626** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Florida Filing & Search Services, Inc.**  
3260 BALDWIN DRIVE WEST  
TALLAHASSEE FL 32308

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 *[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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

TITLE	PSC	<input type="checkbox"/> Delete
NAME	BALDWIN, MICHELLE	
STREET ADDRESS	400 SEVENTH STREET, NW, SUITE 101	
CITY-ST-ZIP	WASHINGTON DC 20004	
TITLE	WCT	<input type="checkbox"/> Delete
NAME	JACOBS, ROBERT	
STREET ADDRESS	400 SEVENTH STREET, NW, SUITE 101	
CITY-ST-ZIP	WASHINGTON DC 20004	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, MARTIN	
STREET ADDRESS	2411 SW GLEN EAGLE RD	
CITY-ST-ZIP	LAKE OWEGO OR 97034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/14/00** Daytime Phone #: **202-783-2111**

CR2E034 (9/99)