

2001 UNIFORM BUSINESS REPORT (UBR)

0697161

DOCUMENT # F97000001838

1. Entity Name

FEDERAL RESEARCH CORPORATION

Principal Place of Business

400 SEVENTH STREET, NW, SUITE 101
WASHINGTON DC 20004

Mailing Address

400 SEVENTH STREET, NW, SUITE 101
WASHINGTON DC 20004

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 54-1458626

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

FLORIDA FILING & SEARCH SERVICES, INC.
1333 North Duval Street
TALLAHASSEE FL 32303

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.

(NOT 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
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
NAME PSC
BALDWIN, MICHELLE
STREET ADDRESS 400 SEVENTH STREET, NW, SUITE 101
CITY-ST-ZIP WASHINGTON DC 20004 ☐ Delete

TITLE
NAME 000004217130-6 ☐ Change ☐ Addition
STREET ADDRESS -05/15/01--01072--002
CITY-ST-ZIP *****50.00 *****50.00

TITLE
NAME WCT
JACOBS, ROBERT
STREET ADDRESS 400 SEVENTH STREET, NW, SUITE 101
CITY-ST-ZIP WASHINGTON DC 20004 ☐ Delete

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

TITLE
NAME D
JACOBS, MARTIN
STREET ADDRESS 2411 SW GLEN EAGLE RD
CITY-ST-ZIP LAKE OWEGO OR 97034 ☐ Delete

TITLE
NAME 000004217130-6 ☐ Change ☐ Addition
STREET ADDRESS -05/15/01--01072--002
CITY-ST-ZIP *****100.00 *****100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

M Baldwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

202-783-2700

Daytime Phone #

CR2E034 (10/00)

FILED
01 APR 30 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE