

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000005919

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** FOSTER ASSOCIATES INCORPORATED ECONOMIC CONSULTANTS

**Current Principal Place of Business:**

4550 MONTGOMERY AVE, SUITE 350N  
ATTN: JULIE OBENAUER  
BETHESDA, MD 20814

**New Principal Place of Business:**

**Current Mailing Address:**

4550 MONTGOMERY AVE, SUITE 350N  
ATTN: JULIE OBENAUER  
BETHESDA, MD 20814

**New Mailing Address:**

**FEI Number:** 52-0957975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAMES L. GOETZ, P.A.  
2133 WINKLER AVE, SUITE 300  
FORT MYERS, FL 33911 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MCSHANE, KATHLEEN C  
Address: 4550 MONTGOMERY AVE, SUITE 350N  
City-St-Zip: BETHESDA, MD 20814

Title: VP  
Name: BARON, DONALD  
Address: 4550 MONTGOMERY AVE, SUITE 350N  
City-St-Zip: BETHESDA, MD 20814

Title: CHRM  
Name: WHITE, RONALD  
Address: 4550 MONTGOMERY AVE, SUITE 350N  
City-St-Zip: BETHESDA, MD 20814

Title: VP  
Name: OBENAUER, JULIA  
Address: 4550 MONTGOMERY AVE, SUITE 350N  
City-St-Zip: BETHESDA, MD 20814

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIA C OBENAUER

VP

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date