

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001654

1. Entity Name

VERIDIAN ERIM INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1975 GREEN ROAD
ANN ARBOR MI 48105

P.O. BOX 134008
ANN ARBOR MI 48113-4008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

48105

4. FEI Number 38-3341513

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 D ☐ Delete
NAME FARMER, MICHAEL D
STREET ADDRESS 2001 N. BEAUREGARD ST., STE. 1200
CITY-ST-ZIP ALEXANDRIA VA 22311-1732

TITLE D ☒ Change ☐ Addition
NAME Farmer, Michael D.
STREET ADDRESS 1200 South Hayes Street, Suite 1100
CITY-ST-ZIP Arlington, VA 22202-5000

TITLE DV ☐ Delete
NAME LANGSTAFF, DAVID H
STREET ADDRESS 2001 N. BEAUREGARD ST., STE. 1200
CITY-ST-ZIP ALEXANDRIA VA 22311-1732

TITLE DV ☒ Change ☐ Addition
NAME Langstaff, David H.
STREET ADDRESS 1200 South Hayes Street, Suite 1100
CITY-ST-ZIP Arlington, VA 22202-5000

TITLE PDEO ☒ Delete
NAME WUGOFSKI, EUGENE T
STREET ADDRESS 1400 KEY BLVD., STE. 700
CITY-ST-ZIP ARLINGTON VA 22209-2369

TITLE PDEO ☐ Change ☒ Addition
NAME Pattishall, Robert
STREET ADDRESS 1400 Key Blvd., Suite 700
CITY-ST-ZIP Arlington, VA 22209-2369

TITLE VD ☒ Delete
NAME BELYEA, JERRY E
STREET ADDRESS 14150 NEWBROOK DRIVE
CITY-ST-ZIP CHANITILLY VA 20151

TITLE SVP/General Counsel & Secy ☐ Change ☒ Addition
NAME Jerald S. Howe, Jr.
STREET ADDRESS 1200 South Hayes Street, Suite 1100
CITY-ST-ZIP Arlington, VA 22202-5000

TITLE VD ☒ Delete
NAME EVANS, EDWARD S III
STREET ADDRESS 1975 GREEN ROAD
CITY-ST-ZIP ANN ARBOR MI

TITLE Assistant Secretary ☐ Change ☒ Addition
NAME Phyllis D. Seidler
STREET ADDRESS 1200 South Hayes Street, Suite 1100
CITY-ST-ZIP Arlington, VA 22202-5000

TITLE V ☐ Delete
NAME CARPINELLA, RONALD J
STREET ADDRESS 1975 GREEN RD
CITY-ST-ZIP ANN ARBOR MI

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

Phyllis D. Seidler, Asst. Secy.

#703-575-3170

04-03-01

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE