

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002945

1. Entity Name

COMPTTEK PRB ASSOCIATES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90119 031 ***150.00

Principal Place of Business

Mailing Address

43865 AIRPORT VIEW DRIVE
HOLLYWOOD MD 20636

43865 AIRPORT VIEW DRIVE
HOLLYWOOD MD 20636-3109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1097906

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SCHADEGG, LAWRENCE M
STREET ADDRESS 40944 LAKE & BRETON VIEW DRIVE
CITY-ST-ZIP LEONARDTOWN MD 20650

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

TITLE EVSD ☐ Delete
NAME HEAD, CHRISTOPHER A
STREET ADDRESS 3311 CALVANO DRIVE
CITY-ST-ZIP GRAND ISLAND NY 14072

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

TITLE VD ☐ Delete
NAME BENEDETTI, LAURA L
STREET ADDRESS 47 SHADOW WOOD DRIVE
CITY-ST-ZIP EAST AMHERST NY 14051

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

TITLE VP ☐ Delete
NAME DOHERTY, DANIEL T
STREET ADDRESS 23015 FOREST WAY
CITY-ST-ZIP CALIFORNIA MD 20619

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 19584 N. Snow Hill Manor Road
CITY-ST-ZIP St. Mary's City, MD 20686

TITLE VP ☐ Delete
NAME CRANE, ALLAN D
STREET ADDRESS 29888 OAK ROAD
CITY-ST-ZIP MECHANICSVILLE MD 20659

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

TITLE VD ☒ Delete
NAME KEPFERLE, MICHAEL R
STREET ADDRESS 22910 CHESTNUT ROAD
CITY-ST-ZIP LEXINGTON PARK MD 20653

TITLE ☐ Change ☒ Addition
NAME Vice President/CFO
STREET ADDRESS William C. Schumacher
CITY-ST-ZIP 21125 Camp Cosoma Road
Leonardtown, MD 20650

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

William C. Schumacher

1-12-00

Date

301-373-2360

Daytime Phone #

CR2E034 (9/99)