

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002945

1. Entity Name  
COMPTTEK PRB ASSOCIATES, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90317 038 \*\*\*150.00

Principal Place of Business  
43865 AIRPORT VIEW DRIVE  
HOLLYWOOD MD 20636

Mailing Address  
43865 AIRPORT VIEW DRIVE  
HOLLYWOOD MD 20636



DO NOT WRITE IN THIS SPACE

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Treasurer/Chairman/Board of Directors  
Myers, Albert  
835 Resposado Drive  
La Habra Heights, CA 90631 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP / Board of Directors  
McKenzie, Gary W.  
1839 Westridge Road  
Los Angeles, CA 90049 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Board of Directors  
Rounkles, Joe  
9823 Newville  
Downey, CA 90240 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
DOHERTY, DANIEL T  
19584 N. SNOW HILL MANOR RD  
ST MARY'S CITY MD 20686 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Secretary  
Mullan, John H.  
16664 Calle Termaine  
Pacific Palisades, CA 90272 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Assistant Secretary  
Salmas, Kathleen M.  
595 33rd Street  
Manhattan Beach, CA 90266 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VCFO  
SCHUMACHER, WILLIAM C  
21125 CAMP COSOMA RD  
LEONARDTOWN MD 20650 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Assistant Treasurer  
Strode, David H.  
147 Sandcastle  
Aliso Viejo, CA 92656 ☐ 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 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:

*Wm. C. Schumacher* Wm. C. Schumacher 4/13/01 (301) 373-2360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)