

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90012 010 ***150.00

DOCUMENT # F98000002945

1. Entity Name
COMPTek PRB ASSOCIATES, INC.

Principal Place of Business
**43865 AIRPORT VIEW DRIVE
 HOLLYWOOD MD 20636**

Mailing Address
**43865 AIRPORT VIEW DRIVE
 HOLLYWOOD MD 20636**

80021010



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

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 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, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **SCHADEGG, LAWRENCE M**
 CITY-ST-ZIP **40944 LAKE & BRETON VIEW DRIVE
 LEONARDTOWN MD 20650**

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

TITLE ☐ Delete
 NAME **TCBD**
 STREET ADDRESS **MYERS, ALBERT**
 CITY-ST-ZIP **835 RESPOSADO DRIVE
 LA HABRA CA 90631**

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

TITLE ☐ Delete
 NAME **VBD**
 STREET ADDRESS **MCKENZIE, GARY W**
 CITY-ST-ZIP **1839 WESTRIDGE ROAD
 LOS ANGELES CA 90049**

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

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

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

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

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

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

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

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. Schumacher 2-24-02

Date

Daytime Phone #

301-373-2360

CR2E034 (9/01)