

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000005330**1. Entity Name  
**UDLP HOLDINGS CORP.**Principal Place of Business  
**1525 WILSON BOULEVARD, SUITE #700  
ARLINGTON VA 22209**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip Country

6. Name and Address of Current Registered Agent

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

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
RABAUT, THOMAS W  
1525 WILSON BOULEVARD, SUITE #700  
ARLINGTON VA 22209** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFOV  
RABORN, FRANCIS  
1525 WILSON BOULEVARD, SUITE #700  
ARLINGTON VA 22209** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VGCS  
KOLOVAT, DAVID V  
1525 WILSON BOULEVARD, SUITE #700  
ARLINGTON VA 22209** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VGM  
ROBERTS, ARTHUR L  
1525 WILSON BOULEVARD, SUITE #700  
ARLINGTON VA 22209** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VGM  
~~STRADER, FREDERICK M~~  
~~4800 EAST RIVER RD.~~  
~~MINNEAPOLIS MN 55424~~** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
WAGNER, DENNIS A  
1525 WILSON BOULEVARD, SUITE #700  
ARLINGTON VA 22209** ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**SAMUEL HAN**

Date

**8/24/01 703-312-6100**

Daytime Phone #

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90011 016 \*\*\*550.00

**00062083**

DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2059780**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****7. Name and Address of New Registered Agent**Name  
Street Address (P.O. Box Number is Not Acceptable)City **FL** Zip Code

0132818 AT

CR20034 (5/01)