

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG -6 AM 8:00

DOCUMENT # **6** 98000005330

1. Entity Name

UDLP Holdings Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1525 Wilson Blvd.

3. Mailing Address

1525 Wilson Blvd.

DO NOT WRITE IN THIS SPACE

MRS

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 700

City & State

Arlington, VA

City & State

Arlington, VA

4. FEI Number

52-2059780

Applied For

Not Applicable

Zip

22209

Country

Zip

22209

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City plantation

FL

Zip Code
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Thomas W. Rabaut--CEO & D
1525 Wilson Blvd., Suite 700
Arlington, VA 22209

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Francis Raborn--CFO & D
1525 Wilson Blvd., Suite 700
Arlington, VA 22209

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
David V. Kolovat--D
1525 Wilson Blvd., Suite 700
Arlington, VA 22209

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT, GENERAL
COUNSEL & SECRETARY

8.1.03

Date

703-312-6156

Daytime Phone #

CR2E034B (12/02)