

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90354 005 \*\*\*150.00

0442168 AV

**DOCUMENT # K14202**

1. Entity Name

**STERLING RESEARCH GROUP, INC.**

Principal Place of Business

**600 1ST AVENUE N.  
 SUITE 200  
 ST PETE FL 33701  
 US**

Mailing Address

**600 1ST AVENUE N.  
 SUITE 200  
 ST PETE FL 33701  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0042268**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NEUKAMM, JOHN B.  
 101 EAST KENNEDY BOULEVARD  
 SUITE #800  
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **John Neukamm**

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

**100 S. Ashley Drive**

**Suite 1500**

City **Tampa**

**FL**

Zip Code **33602**

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.

**John Neukamm, Registered Agent**

**4/2/02**

(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

TITLE **DP** ☐ Delete  
 NAME **HAUSEIN, WILLIAM D.**  
 STREET ADDRESS **600 1ST AVE. N. #200**  
 CITY-ST-ZIP **ST PETE FL 33701**

TITLE **DTS** ☐ Delete  
 NAME **HAUSEIN, JANICE I.**  
 STREET ADDRESS **600 1ST AVE. N. #200**  
 CITY-ST-ZIP **ST PETE FL 33701**

TITLE **EVP** ☐ Delete  
 NAME **WALSH, JOHN**  
 STREET ADDRESS **600 1ST AVE., N. #200**  
 CITY-ST-ZIP **ST. PETE FL**

TITLE **D** ☐ Delete  
 NAME **ROHRER, LISA H**  
 STREET ADDRESS **31A LINNEAN ST.**  
 CITY-ST-ZIP **CAMBRIDGE MA 02138**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/C** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **D/P** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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:

**John J. Walsh, Jr.** **4/10/2002** **727-866 2400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)