

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90087 049 \*\*\*150.00

DOCUMENT # P00000093490

1. Entity Name

CA ONE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1201 Winterson Road**

3. Mailing Address  
**1201 Winterson Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Linthicum, MD**

City & State  
**Linthicum, MD**

4. FEI Number

Applied For

☒ Not Applicable

Zip  
**21090**

Country  
**USA**

Zip  
**21090**

Country  
**USA**

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

**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**

City

**Tallahassee**

FL

Zip Code

**32301-2525**

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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

**President, and CEO  
Gary B. Smith  
1201 Winterson Road  
Linthicum, MD 21090**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Senior Vice President, and CFO  
Joesph R. Chinnici  
1201 Winterson Road  
Linthicum, MD 21090**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Senior VP, and Secretary  
Michael O. McCarthy III  
1201 Winterson Road  
Linthicum, MD 21090**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VP, Treasurer, and Controller  
Andrew C. Petrik  
1201 Winterson Road  
Linthicum, MD 21090**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Andrew C. Petrik**

**4-22-02**

**410-694-5972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #