09-30-2002 90182 015 ****61.25

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amen

**FILED**
**Oct 03, 2002 8:00 A.M**
**Secretary of State**

DOCUMENT # P01398

1. Entity Name

Greenhorne & O'Mara, Inc.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9001 Edmonston Road | 9001 Edmonston Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Greenbelt, MD | City & State: Greenbelt, MD |
| Zip: 20770 Country: USA | Zip: 20770 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-0818093 ☐ Applied For ☐ Not Applicable

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 System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. 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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | PCD |
| NAME | Healey, John J |
| STREET ADDRESS | 9001 Edmonston Road |
| CITY-ST-ZIP | Greenbelt, MD 20770 |
| TITLE | T |
| NAME | Levitt, Gerald S. |
| STREET ADDRESS | 9001 Edmonston Road |
| CITY-ST-ZIP | Greenbelt, MD 20770 |
| TITLE | S |
| NAME | Bedell, Richard S. |
| STREET ADDRESS | 9001 Edmonston Road |
| CITY-ST-ZIP | Greenbelt, MD 20770 |
| TITLE | M |
| NAME | Keller, Christopher |
| STREET ADDRESS | 701 Northpoint Parkway, Ste 100 |
| CITY-ST-ZIP | West Palm Beach, FL 33407 |
| TITLE | VD |
| NAME | Yoder, Bruce |
| STREET ADDRESS | 701 Northpoint Parkway, Ste 100 |
| CITY-ST-ZIP | West Palm Beach, FL 33407 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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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:** _____ 9/24/2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

301-982-2800

Daytime Phone #

10/4/02