

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07701

1. Entity Name
OAO CORPORATION

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90811 006 ***550.00

Principal Place of Business
7500 GREENWAY CENTER DRIVE
GREENBELT MD 20770

Mailing Address
7500 GREENWAY CENTER DRIVE
GREENBELT MD 20770



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-0943407

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PAIGE, EMMETT JR.
STREET ADDRESS 7500 GREENWAY CENTER
CITY-ST-ZIP GREENBELT MD 20770 ☒ Delete

TITLE
NAME Linda Gooden
STREET ADDRESS 7375 Executive Place
CITY-ST-ZIP Seabrook MD 20706 ☒ Change ☐ Addition

TITLE VP
NAME LOHFELD, ROBERT
STREET ADDRESS 7500 GREENWAY CENTER DR.
CITY-ST-ZIP GREENBELT MD 20770 ☐ Delete

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

TITLE TS
NAME REID, HUBERT M
STREET ADDRESS 7500 GREENWAY CENTER
CITY-ST-ZIP GREENBELT MD 20770 ☐ Delete

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

TITLE VP
NAME BREWER, MARILYN
STREET ADDRESS 7500 GREENWAY CENTER
CITY-ST-ZIP GREENBELT MD 20770 ☒ Delete

TITLE Treasurer
NAME Janet L. McGregor
STREET ADDRESS 6901 Rockledge Dr.
CITY-ST-ZIP Bethesda MD ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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: *Hubert M. Reid*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/02 301-220-7177
Date Daytime Phone #

CR2E034 (9/01)