

2002 UNIFORM BUSINESS REPORT (UBR)

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

07-02-2002 90811 006 ***550.00

DOCUMENT # P07701

1. Entity Name
OAO CORPORATION

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	
Zip	Country	Zip	Country

4. FEI Number	52-0943407	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	PAIGE, EMMETT JR. 7500 GREENWAY CENTER GREENBELT MD 20770 <input checked="" type="checkbox"/> Delete	TITLE President	Linda Gooden <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7375 Executive Place Seabrook MD 20706
TITLE VP	LOHFELD, ROBERT <input type="checkbox"/> Delete 7500 GREENWAY CENTER DR. GREENBELT MD 20770	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS	REID, HUBERT M <input type="checkbox"/> Delete 7500 GREENWAY CENTER GREENBELT MD 20770	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	BREWER, MARILYN <input checked="" type="checkbox"/> Delete 7500 GREENWAY CENTER GREENBELT MD 20770	TITLE Treasurer	Janet L. McGregor <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6901 Rockledge Dr. Bethesda MD
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** **HUBERT M. REID** 5/17/02 301-220-7177
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)