

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90120 035 \*\*\*150.00

0620955 · AT

**DOCUMENT # F01000003623**



1. Entity Name  
**ACCESS RESEARCH CORPORATION**

Principal Place of Business  
**1910 ASSOCIATION DRIVE, SECOND FLOOR  
RESTON VA 20191-1502**

Mailing Address  
**1910 ASSOCIATION DRIVE, SECOND FLOOR  
RESTON VA 20191-1502**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-3842599**

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

**C T CORPORATION SYSTEM  
1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD**  Delete  
NAME **GAUTHIER, RICHARD L**  
STREET ADDRESS **1910 ASSOCIATION DRIVE, SECOND FLOOR**  
CITY-ST-ZIP **RESTON VA 20191-1502**

TITLE **DIRECTOR / D**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP**  Delete  
NAME **MULATO, JAMES F**  
STREET ADDRESS **1910 ASSOCIATION DRIVE, SECOND FLOOR**  
CITY-ST-ZIP **RESTON VA 20191-1502**

TITLE **CEO / P**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD**  Delete  
NAME **RAMACHANDRAN, NARAYANA**  
STREET ADDRESS **1910 ASSOCIATION DRIVE, SECOND FLOOR**  
CITY-ST-ZIP **RESTON VA 20191-1502**

TITLE **D**  Change  Addition  
NAME **BULTEL, SEAN**  
STREET ADDRESS **Zone Aeronautique Louis Breguet**  
CITY-ST-ZIP **BP 06-78141 Velizy CEDEX FRANCE**

TITLE **CFO**  Delete  
NAME **WORREST, WILLIAM E**  
STREET ADDRESS **1910 ASSOCIATION DRIVE, SECOND FLOOR**  
CITY-ST-ZIP **RESTON VA 20191-1502**

TITLE **D**  Change  Addition  
NAME **Perrot, JEAN**  
STREET ADDRESS **Zone Aeronautique Louis Breguet**  
CITY-ST-ZIP **BP 06-78141 Velizy CEDEX FRANCE**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Change  Addition  
NAME **MONIS, Richard J**  
STREET ADDRESS **4208 Hammersmith Drive**  
CITY-ST-ZIP **Clermont, FL 34711**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Change  Addition  
NAME **YARBOROUGH, William G**  
STREET ADDRESS **Box 828**  
CITY-ST-ZIP **McLEAN, VA 22101**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James F. Mulato** SIGNATURE REQUIRED

Date **1-16-2003** Daytime Phone # **703-264-0837 x102**

CR2E034 (10/02)

Attachment

70032416

# F01000003623

DOCUMENT # F01000003623  
ACCESS RESEARCH CORPORATION

2003 FOR PROFIT  
UNIFORM BUSINESS REPORT (UBR)

11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	D (DIRECTOR)
NAME	COLEMAN, GLENN
STREE ADDRESS	413 W. PALM VALLEY DRIVE
CITY-ST-ZIP	OVIEDO, FL 32765