

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07701

Entity Name: OAO CORPORATION**Current Principal Place of Business:**1750 PRESIDENTS STREET
RESTON, VA 20190**Current Mailing Address:**1750 PRESIDENTS STREET
RESTON, VA 20190 US**FEI Number:** 52-0943407**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name REAGAN, JAMES C
Address 1750 PRESIDENTS STREET
City-State-Zip: RESTON VA 20190

Title TREASURY ACCOUNTS OFFICER
Name GREENE, PATRICK J
Address 1750 PRESIDENTS STREET
City-State-Zip: RESTON VA 20190

Title SENIOR VICE PRESIDENT FOR REAL ESTATE
Name SCOTT, ROBERT W
Address 1750 PRESIDENTS STREET
City-State-Zip: RESTON VA 20190

Title ASSISTANT SECRETARY
Name BIRK, MATTHEW
Address 1750 PRESIDENTS STREET
City-State-Zip: RESTON VA 20190

Title ASSISTANT SECRETARY
Name KLIGYS, RAE
Address 1750 PRESIDENTS STREET
City-State-Zip: RESTON VA 20190

Title PRESIDENT
Name REAGAN, JAMES C
Address 1750 PRESIDENTS STREET
City-State-Zip: RESTON VA 20190

Title SENIOR TAX DIRECTOR
Name LEAK, JAMES COUNCILL
Address 1750 PRESIDENTS STREET
City-State-Zip: RESTON VA 20190

Title TREASURY ACCOUNTS OFFICER
Name BROWN, MARCIA L.
Address 1750 PRESIDENTS STREET
City-State-Zip: RESTON VA 20190

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAE KLIGYS**ASSISTANT SECRETARY 04/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOWE, JERALD S. JR.
Address 1750 PRESIDENTS STREET
City-State-Zip: RESTON VA 20190

Title TREASURER
Name LEAK, JAMES COUNCILL
Address 1750 PRESIDENTS STREET
City-State-Zip: RESTON VA 20190

Title SECRETARY
Name WINTER, BENJAMIN A.
Address 1750 PRESIDENTS STREET
City-State-Zip: RESTON VA 20190