2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State, DOCUMENT # 849163 1. Entity Name AMERICAN SYSTEMS CORPORATION OF VIRGINIA 05-24-2002 90560 034 ***150 00 Principal Place of Business Mailing Address 13990 PARKEAST CIRCLE 13990 PARKEAST CIRCLE CHANTILLY VA '20151-2272 CHANTILLY VA 20151-2272 2. Principal Place of Business 3. Mailing Address 13990 Parkeast Circle 13990 Parkeast Circle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Chantilly, VA 20151-2272 54-0962497 Chantilly, VA 20151-2272 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name. CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME NEEDLEMAN, ELLIOT NAME STREET ADDRESS 13990 PARKEAST CIRCLE STREET ADDRESS CITY-ST-ZIP CHANTILLY VA 20151-2272 CITY-ST-ZIP TITLE SCOB Delete TITLE Change Addition Secretary NAME CURRAN, H.T. NAME Joseph Kopfman STREET ADDRESS 13990 PARKEAST CIRCLE STREET ADDRESS 13990 Parkeast Circle CITY-ST-ZIP CHANTILLY VA 20151-2272 CITY-ST-ZIP Chantilly, VA 20151-2272 TITLE ☐ Delete TITLE Change ☐ Addition NAME DANISEWICZ, MARK NAME STREET ADDRESS 13990 PARKEAST CIRCLE STREET ADDRESS CITY-ST-7IP CHANTILLY VA 20151-2272 CITY-ST-ZIP TITLE X Delete TITLE ☐ Change ■ Addition KOPFMAN, JOE NAME NAME STREET ADDRESS 13990 PARKEAST CIRCLE STREET ADDRESS CITY-ST-ZIP CHANTILLY VA 20151-2272 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the receiver artifusted. ed with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information poor 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the same of t

Mark Danisewicz/ Treasurer SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment w

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