

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90060 005 ***150.00

CR2E034 AT

DOCUMENT # F01000004007

1. Entity Name
XYBERNAUT SOLUTIONS, INC.

Principal Place of Business: **8618 WESTWOOD CENTER DR., SUITE 450 VIENNA VA 22182**
 Mailing Address: **8618 WESTWOOD CENTER DR., SUITE 450 VIENNA VA. 22182**

2. Principal Place of Business: *Same as above*
 3. Mailing Address: *Same as above*

Suite, Apt. #, etc. (blank)

City & State (blank)

Zip (blank) Country (blank)



DO NOT WRITE IN THIS SPACE

4. FEI Number: **54-1241493** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
528 E. PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLEN, PERRY	NAME	
STREET ADDRESS	4203 MILTON STREET	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77005	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDOX, EDWARD	NAME	
STREET ADDRESS	1281 LAMPLIGHTER WAY	STREET ADDRESS	
CITY-ST-ZIP	RESTON VA 22094	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, NANCY	NAME	
STREET ADDRESS	999 TOTTENHAM COURT	STREET ADDRESS	
CITY-ST-ZIP	STERLING VA 20164	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, EDWARD G	NAME	
STREET ADDRESS	12701 FAIRLAKES CIRCLE, SUITE 550	STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22033	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, STEVEN A	NAME	
STREET ADDRESS	12701 FAIRLAKES CIRCLE, SUITE 550	STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22033	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYNAHAN, JOHN A	NAME	
STREET ADDRESS	12701 FAIRLAKES CIRCLE, SUITE 550	STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22033	CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Nancy E. Hogan* **1/16/02 703/506-0400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)