

**2001 UNIFORM BUSINESS REPORT (UBR)**

7/2:

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90004 021 \*\*\*150.00  
 08-16-2001 90001 047 \*\*\*400.00

AUU81334



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # F75026</b>		1. Entity Name <b>DIMPLES, INC.</b>	
Principal Place of Business <b>2815 HARTLAND RD FALLS CHURCH VA 22043</b>		Mailing Address <b>2815 HARTLAND RD FALLS CHURCH VA 22043</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>54-1200138</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>UNITED STATES CORPORATION COMPANY</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATNER, ANN</b>	NAME	
STREET ADDRESS	<b>4616 FOXHALL CRESCENTS</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEGEL, RONALD G.</b>	NAME	
STREET ADDRESS	<b>2815 HARTLAND RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FALLS CHURCH VA</b>	CITY-ST-ZIP	
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATNER, DENNIS F</b>	NAME	
STREET ADDRESS	<b>2815 HARTLAND RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FALLS CHURCH VA</b>	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDMAN, DAVID E</b>	NAME	
STREET ADDRESS	<b>10505 JUDICIAL DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POZEZ, NORMAN</b>	NAME	
STREET ADDRESS	<b>2815 HARTLAND RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FALLS CHURCH VA</b>	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITTMAN, JAMES B</b>	NAME	
STREET ADDRESS	<b>10505 JUDICIAL DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	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)(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: <b>SIGNATURE REQUIRED</b>		Date: <b>7-12-01</b> Daytime Phone #: <b>703 698-7090</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CFR2034 (5/01)