

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90251 047 \*\*\*150.00

**DOCUMENT # F97000003588**1. Entity Name **VMS Maintenance Systems, Inc.**

Principal Place of Business

**1510 E. Parham Rd.  
Richmond, VA 23228**

Mailing Address

**1510 E. Parham Rd  
Richmond, VA 23228**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**54-1769861**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**C0067841**

6. Name and Address of Current Registered Agent

**Corporation Service Company  
1201 Hays St.  
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, 2001, 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

TITLE **Director and President** ☐ Delete  
NAME **Nick J. Masucci**  
STREET ADDRESS **1510 E. Parham Rd**  
CITY-ST-ZIP **Richmond, VA 23228**TITLE **Director** ☒ Delete  
NAME **Donald Wisstuch**  
STREET ADDRESS **1510 E. Parham Rd**  
CITY-ST-ZIP **Richmond, VA 23228**TITLE **Director** ☐ Delete  
NAME **Dr. H.G. Schwartz, Jr**  
STREET ADDRESS **13723 Riverport Drive**  
CITY-ST-ZIP **Maryland Heights, MO 63043**TITLE **Treasurer/Secretary** ☐ Delete  
NAME **Kenneth E. Baker**  
STREET ADDRESS **1510 E. Parham Rd**  
CITY-ST-ZIP **Richmond, VA 23228**TITLE **Vice President** ☐ Delete  
NAME **Roy A. Hride**  
STREET ADDRESS **1510 E. Parham Rd**  
CITY-ST-ZIP **Richmond, VA 23228**TITLE **Assistant Secretary** ☒ Delete  
NAME **Stacy Farrington**  
STREET ADDRESS **1510 East Parham Rd**  
CITY-ST-ZIP **Richmond, VA 23228**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Assistant Secretary** ☒ Change ☐ Addition  
NAME **Bernard L. Sacks**  
STREET ADDRESS **1510 E. Parham Rd**  
CITY-ST-ZIP **Richmond, VA 23228**TITLE **Director** ☒ Change ☐ Addition  
NAME **John Prosser**  
STREET ADDRESS **1111 S. Arroyo Pkwy**  
CITY-ST-ZIP **Pasadena, CA 91105**TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Robert Bourdon**  
STREET ADDRESS **1510 E. Parham Rd**  
CITY-ST-ZIP **Richmond, VA 23228**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

804-553-4001

Daytime Phone #

CR2E034 (11/00)