

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001327

1. Entity Name

P E SYSTEMS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90018 021 ***150.00

Principal Place of Business 9990 LEE HIGHWAY, STE 330 FAIRFAX VA 22030	Mailing Address 9990 LEE HIGHWAY, STE 330 FAIRFAX VA 22030-1720
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 400	3. Mailing Address Suite, Apt. #, etc. 400
City & State	City & State
Zip	Country

4. FEI Number 54-0891458	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 _____ DATE _____
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 Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PCTD	<input type="checkbox"/> Delete
NAME KING, WESLEY A	
STREET ADDRESS 8907 MOUNTAIN ASHE DRIVE	
CITY-ST-ZIP SPRINGFIELD VA	
TITLE VSD	<input type="checkbox"/> Delete
NAME JOHNSON, PAMELA C	
STREET ADDRESS 14523 MEETING CAMP ROAD	
CITY-ST-ZIP CENTREVILLE VA	
TITLE V	<input type="checkbox"/> Delete
NAME HOLLERAN, PETE	
STREET ADDRESS 4023 LAKE GLEN DRIVE	
CITY-ST-ZIP FAIRFAX VA	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Pamela C. Johnson* **Pamela C. Johnson** 1/4/00 703 246 9660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #