

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90064 021 ***150.00

DOCUMENT # F99000003290

1. Entity Name
UNITEL SERVICES, INC.

Principal Place of Business
**8300 GREENSBORO DRIVE #600
 MCHEN VA 22102**

Mailing Address
**8300 GREENSBORO DRIVE #600
 MCHEN VA 22102-3662**

2. Principal Place of Business
8300 Greensboro Drive #600
 Suite, Apt. #, etc.
Suite 600

3. Mailing Address
8300 Greensboro Drive
 Suite, Apt. #, etc.
Suite 600

City & State
McLean, Virginia

City & State
McLean, Virginia

4. FEI Number **54-1604542**

Applied For
 Not Applicable

Zip **22102**

Country

Zip **22102**

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WONG, S. TIEN
1010 E. ROSE STREET
LAKELAND FL 33801

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.
 (See criteria on back)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOS	<input type="checkbox"/> Delete
NAME	WONG, S. TIEN	
STREET ADDRESS	8300 GREENSBORO DR., #600	
CITY-ST-ZIP	MCLEAN VA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PALLEY, DOUGLAS E	
STREET ADDRESS	8300 GREENSBORO DR., #600	
CITY-ST-ZIP	MCLEAN VA	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, FRANK J	
STREET ADDRESS	8300 GREENSBORO DR., #600	
CITY-ST-ZIP	MCLEAN VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYAN, PETER	
STREET ADDRESS	8300 GREENSBORO DR., #600	
CITY-ST-ZIP	MCLEAN VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WESTBROOK, THOMAS	
STREET ADDRESS	1919 PENNSYLVANIA AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	CEOS	<input type="checkbox"/> Delete
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		
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 authority like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/11/00** Daytime Phone # **703-917-9170**

CR2E034 (9/99)