

2001 UNIFORM BUSINESS REPORT (UBR)

09-17-2001 90131023 00.00
F99000003290

DOCUMENT # F99000003290
1. Entity Name
~~UNITEL SERVICES, INC.~~ *Unitel Services, Inc.*

Principal Place of Business: 8300 GREENSBORO DRIVE #600, MCLEEN VA 22102
Mailing Address: 8300 GREENSBORO DRIVE #600, MCLEEN VA 22102

2. Principal Place of Business / 3. Mailing Address
Suite, Apt. #, etc.

City & State: *McLean, VA*
Zip: / Country

4. FEI Number: **54-1604542**
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

FILED
01 OCT 15 PM 12:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WONG, S. TIEN
1010 E. ROSE STREET
LAKELAND FL 33801

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

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]* **SIGNATURE REQUIRED** Date: *9/12/01* Daytime Phone #

CR2E034 (5/01)