## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	$\mathbf{F}$		ED		
May	27,	<b>20</b>	<b>02</b>	8:00	am
Sec	retá	ry	of	State	2

DOCI	UMENT # FQQC	05-27-2002 90397 043 ***150.00							
VASTE	RA, INC.					, , , , , , ,			
	DO NOT WRITE	IN THIS SP	ACE					٠	
2. Principa 45025	al Place of Business AVIATION DRIVE	3. Mailing Address	uk <u>kin</u> o				,		
	e, Apt. #, etc. Suite, Apt. #, etc.			DRIVE	DO I	NOT WRITE IN THI	S SPACE		
City & S					4. FEI Number				
Zip 20166-	Country	Zip 20166-7554	Country		54-161651. <b>5.</b> Certificate of State	<del></del>		Not Applicable Additional	
41 30 34				7 Name	. Name and Address	~ —	Fee Rec red Agent	quired	
	DO NOT WE	ORATION SYSTEM PO Box Number is Not Acceptable) UTH PINE ISLAND ROAD							
	= IN THIS SP			1200 SO	UTH PINE I	SLAND RO	AD		
				City PLANTAT	TON	FL	Zip Co	ode	
8. The above	ve named entity submits this statement	for the purpose of changir	ng its regis	tered office or re	gistered agent, or both	, in the State of Flor	<u> 1333</u> ida.	024	
SIGNATURE	Signature, typed or printed name of registe	ed agent and title if applicable	∍. (NO	TE: Registered Age	ent signature required whe				
Tax filing	poration is eligible to satisfy its Intangible requirement and elects to do so.  eria on back)	e January 1 - I	May 1 Fee 1, Fee is	is \$150.00 \$550.00 \$61.25	10. Election Ca	mpaign Financing Contribution.		5.00 May Be	
11.	OFFICERS AND DIF		****				San Arabay S Carrier V		
NAME STREET ADDRESS	MARK FERRER	R., STE 200						E034B (12/01	
TITLE NAME STREET ADDRESS	TREASURER/CFO PHIL BALSAMO	···	CITY ST				To the second	CR2E03	
CITY - ST - ZIP	DULLES, VA 20166	R., STE 200 -7554	STREET A	The state of the s					
NAME STREET ADDRESS	SECRETARY BRIAN HENDERSON 45025 AVIATION D DULLES, VA 20166	R., STE 200	TITLE NAME STREET A	PROGRAMM THE PROPERTY.	DO N	OT WRI	TE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEE ATTACHED LIS		CITY ST.	ORESS (# 7)		IS SPAC			
TITLE			CITY ST	ZIP			11.3 <b>4</b> 4.07.7		
NAME STREET ADDRESS CITY - ST - ZIP	4		NAME STREET AD CITY - ST	- 1 See 1 See 2 See 2 See 2					
NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADD	1965 A 1965 A 1965 A					
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 an officer or director of the corporation or the receiver or trustee and accurate and that my signature shall have the same legal effect as if made under oath; that I am									
appears in Block 11 or on an attachment-with an address, with all other like empowered.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Date  Date  Date  Date  Date									

**Directors** 

<u>Name</u>

Richard Kimball Richard Lefebvre James Robinson IV Mark Ferrer Timothy Davenport Nicolas Nierenberg 17473chnend 1799000003791/ 1669

<u>Address</u>

45025 Aviation Drive, Suite 200, Dulles, Virginia 20166-7554 45025 Aviation Drive, Suite 200, Dulles, Virginia 20166-7554