

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

01-31-2002 90083 016 ****50.00

DOCUMENT # M01000001507

1. Entity Name

TARMAC AMERICA LLC

Principal Place of Business

1151 AZALEA GARDEN RD.
 NORFOLK VA 23502

Mailing Address

1151 AZALEA GARDEN RD.
 NORFOLK VA 23502

16414

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0405873

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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 re-issuing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: CEO Delete
 NAME: Aris Papadopoulos
 STREET ADDRESS: 1151 Azalea Garden Road
 CITY-ST-ZIP: Norfolk VA 23502

TITLE: P Delete
 NAME: Hardy B. Johnson
 STREET ADDRESS: 455 Fairway Drive
 CITY-ST-ZIP: Deerfield Beach FL 33441

TITLE: VS. Delete
 NAME: Russell A. Fink
 STREET ADDRESS: 1151 Azalea Garden Road
 CITY-ST-ZIP: Norfolk VA 23502

TITLE: VCFO Delete
 NAME: Lawrence H. Wilt, Jr.
 STREET ADDRESS: 1151 Azalea Garden Road
 CITY-ST-ZIP: Norfolk VA 23502

TITLE: V Delete
 NAME: Robert Sells
 STREET ADDRESS: 455 Fairway Drive
 CITY-ST-ZIP: Deerfield Beach FL 33441

TITLE: V Delete
 NAME: Panos Trakkides
 STREET ADDRESS: 11000 NW 121 Way
 CITY-ST-ZIP: Medley FL 33178

10. ADDITIONS/CHANGES

TITLE: Chief Executive Officer Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: President Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: Vice President/Secretary Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: Vice President, Chief Financial Officer Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: Vice President Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: Vice President Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Russell A. Fink, Vice President and Secretary

SIGNATURE:

[Handwritten Signature]

SIGNATURE REQUIRED

1-24-2002

757 858 6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)