

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90136 036 ***158.75

DOCUMENT # P20284

1. Entity Name

MAXIMUS, INC. OF VIRGINIA

Principal Place of Business 1356 BEVERLY RD. SUITE #300 MCLEAN VA 22101	Mailing Address 1356 BEVERLY RD. SUITE #300 MCLEAN VA 22101-3625
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706965



DO NOT WRITE IN THIS SPACE

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

4. FEI Number	54-1000588	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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. (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	
TITLE	PD <input type="checkbox"/> Delete
NAME	MASTRAN, DAVID V.
STREET ADDRESS	1530 N KEY BLVD, #1015
CITY-ST-ZIP	ARLINGTON VA
TITLE	VD <input type="checkbox"/> Delete
NAME	RUDDY, RAYMOND B
STREET ADDRESS	26 ROLLING LANE
CITY-ST-ZIP	DOVER MA
TITLE	D <input type="checkbox"/> Delete
NAME	MUZZIO, ROBERT
STREET ADDRESS	11780 HOLLEYVIEW DR
CITY-ST-ZIP	GREAT FALLS VA
TITLE	CT <input type="checkbox"/> Delete
NAME	NERRET, ARTHUR F
STREET ADDRESS	621 BRYANTS NURSERY RD
CITY-ST-ZIP	SILVER SPRING MD
TITLE	CS <input type="checkbox"/> Delete
NAME	FRANCIS, DAVID R
STREET ADDRESS	5811 PHOENIX DRIVE
CITY-ST-ZIP	BETHESDA MD 20817
TITLE	D <input type="checkbox"/> Delete
NAME	DAVENPORT, LYNN P
STREET ADDRESS	36 NOON HILL AVE
CITY-ST-ZIP	NORFOLK MA

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: [Signature] 1/12/00 703-734-4220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #