

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27609

1. Entity Name

HSI GEOTRANS, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90116 026 \*\*\*150.00

Principal Place of Business

Mailing Address

46050 MANEKIN PLAZA  
STE 100  
STERLING VA 20166  
US

46050 MANEKIN PLAZA STE 100  
STERLING VA 20166-6519  
US

2. Principal Place of Business

3. Mailing Address

Same  
Suite, Apt. #, etc.

Same  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1120716

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Same

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MERCER, JAMES W  
STREET ADDRESS 11373 SENECA KNOLL DR.  
CITY-ST-ZIP GREAT FALLS VA 22066

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME GUSWA, JOHN H  
STREET ADDRESS 8 OLD MEADOW LANE  
CITY-ST-ZIP HARVARD MA 01451

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME FAUST, CHARLES R.  
STREET ADDRESS 219 BRECKENRIDGE DR  
CITY-ST-ZIP WINCHESTER VA 22061

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME WADDELL, RICHARD K.  
STREET ADDRESS 4950 LEE HILL RD.  
CITY-ST-ZIP BOULDER CO 80304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HWANG, LI-SAN  
STREET ADDRESS 630 NORTH ROSEMEAD BLVD.  
CITY-ST-ZIP PASADENA CA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME ALBER, MICHELLE  
STREET ADDRESS 46050 MANEKIN PLAZA  
CITY-ST-ZIP STERLING VA 20166

TITLE ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00  
Date

(703)444-7000  
Daytime Phone #

CR2E034 (9/99)