

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90016 008 \*\*\*150.00

80042893

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** F97000005254

1. Entity Name  
 Management Information Consulting, Inc.

Principal Place of Business  
 2800 S. Shirlington Rd.  
 Suite 801  
 Arlington, VA 22206

Mailing Address  
 SAME

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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
 54-1301408

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT Corporation System  
 1200 South Pine Island Road  
 Plantation, Florida 33324

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 \_\_\_\_\_  
 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	D, CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fonseca, Thomas G		NAME		
STREET ADDRESS	2800 S. Shirlington Rd., #801		STREET ADDRESS		
CITY-ST-ZIP	Arlington, VA 22206		CITY-ST-ZIP		
TITLE	D, T, C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gallivan, Mark		NAME		
STREET ADDRESS	1600 Boston Providence Hwy #230		STREET ADDRESS		
CITY-ST-ZIP	Walpole, MA 02081		CITY-ST-ZIP		
TITLE	D, VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maline, Joseph		NAME		
STREET ADDRESS	512 Herndon Parkway Suite D		STREET ADDRESS		
CITY-ST-ZIP	Herndon, VA 20170		CITY-ST-ZIP		
TITLE	D, P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bennett, Robert		NAME		
STREET ADDRESS	2800 S. Shirlington Rd., #801		STREET ADDRESS		
CITY-ST-ZIP	Arlington, VA 22206		CITY-ST-ZIP		
TITLE	D, VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keane, Brian		NAME		
STREET ADDRESS	2800 S. Shirlington Rd., #801		STREET ADDRESS		
CITY-ST-ZIP	Arlington, VA 22206		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bouchoux, Deborah		NAME		
STREET ADDRESS	2800 S. Shirlington Rd., #801		STREET ADDRESS		
CITY-ST-ZIP	Arlington, VA 22206		CITY-ST-ZIP		

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: Deborah E Bouchoux Deborah E. Bouchoux March 14, 2000 (703) 845-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)