

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90106 038 ***150.00

DOCUMENT # **305412**

1. Entity Name
SYSTEMS TECHNOLOGY ASSOCIATES, INC.



Principal Place of Business
**5199 GLEN MEADOWS DR
CENTREVILLE VA 20120
US**

Mailing Address
**5199 GLEN MEADOWS DR
CENTREVILLE VA 20120
US**

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 **54-0802071**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ST. PETER, JOHN	
STREET ADDRESS	22121 CREEKVIEW DR	
CITY-ST-ZIP	GAITHERSBURG MD	
TITLE	CP	<input type="checkbox"/> Delete
NAME	SCOTT, TERRY A	
STREET ADDRESS	5199 GLEN MEADOWS DR	
CITY-ST-ZIP	CENTREVILLE VA 20120	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, EDWARD P.	
STREET ADDRESS	117 NORTH PAYNE ST.	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEASLEY, CLYDE C	
STREET ADDRESS	1518 11TH AVE W APT 3	
CITY-ST-ZIP	SEATTLE WA 98119	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BERG, BARBARA	
STREET ADDRESS	608 KENNON STREET	
CITY-ST-ZIP	MIDDLETOWN RI 02842	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	512 Wellington Way	
CITY-ST-ZIP	Hinesville, GA 31313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Terry A. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 703-818-0600
Date Daytime Phone #

CR2E034 (10/02)