## FILED Sep 12, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 09-12-2001 90017 029 \*\*\*550.00 1. Entity Name Metamor Government\_Solutions, Inc Principal Place of Business 4400 Post Oak Pkwy 44983 Knoll Square C0076222 Houston, TX 77024 Ashburn, VA 20147 2. Principal Place of Business 3. Mailing Address 44983 Knoll Square 44983 Knoll Square Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Ashburn, VA Ashburn, VA Not Applicable 59-1741721 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 20147 USA 20147 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT Corporation Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd Plantation, FL 33324 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE President Delete Change Addition Harry G. Hobbs 44983 Knoll Square NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP <u>Ashburn, VA</u> 20147 TITLE Delete TITLE Treasurer Change Addition NAME NAME Lawrence E. Hyatt STREET ADDRESS STREET ADDRESS 444983 Knoll Square CITY - ST - ZIP CITY - ST - ZIP <u>Ashburn, VA</u> TITLE Delete TITLE Secretary Change Addition Kathleen B. Horne 44983 Knoll Square NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP <u>Ashburn, VA 2</u> Vice President TITLE Addition TITLE Change ☐ Delete NAME NAME Marilou Jacobus STREET ADDRESS STREET ADDRESS 44983 Knoll Square

Ashburn, 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 of 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 of the receiver or trustee empowered.

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

Delete

Delete

<u>Ashburn, VA</u>

Ashburn, VA

David Kramer

Vice President

Kathleen Haithcock

44983 Knoll Square

Assistant Secretary

44983 Knoll Square

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

STF FL32381F.1

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20147

Daytime Phone #

Change

Addition

Addition

## DOCUMENT # 2 (197) 7 (a

DOCLI	_	SINESS REPO	nı (udr)		į.	
DOCUMENT # S40026					1 Steachment	
	Government Solut:			\		
·	ce of Business	Mailing Address		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	^ ^ ^ ^	
4400 Post Oak Pkwy Houston, TX 77024		44983 Knoll Square Ashburn, VA 20147		(C)00°	16888	
2. Principal I	Place of Business	3. Mailing Address	<del></del>			
44983 Knoll Square		44983 Knoll Square				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DON	NOT WRITE IN THIS SPACE	
City & Stat		City & State		4. FEI Number	Applied For	
Ashburn, Zip	VA Country	Ashburn, VA	Country	59-1741721	Not Applicable	
20147	USA	20147	USA	5. Certificate of Status	S Desired Serviced Serviced Serviced Serviced Serviced Serviced Serviced Serviced Service Serv	
	6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address	of New Registered Agent	
ŧ						
			Street Ad	dress (P.O. Box Number is No	ot Acceptable)	
2. K						
			City		FL Zip Code	
8. The above	named entity submits this statem	nent for the purpose of changi	ng its registered offic	e or registered agent, or both,		
Tax filing n	Signature, typed or printed name of re- prattion is eligible to satisfy its Intar- equirement and elects to do so. ia on back)	rgible FILE NOW	/!!! FEE IS \$150.0 001 Fee will be \$5	50.00 Trust Fund 6	mpaign Financing \$5.00 May Be Added to Fees	
11.			Die to Departmen	0 . 3d 3a tr >	TO OFFICERS AND DIRECTORS IN 11	
TITLE	OFFICENS AN	Delete	TITLE	Assistant Se		
NAME		_	NAME	Brian Geoghe		
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP	44983 Knoll Ashburn, VA		
TITLE		Delete	TITLE	Assistant Se	cretary Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	Robert Ledou		
CITY - ST - ZIP			CITY - ST - ZIP	44983 Knoll Ashburn, VA	20147	
TITLE		Delete	TITLE		Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			
TITLE		Delete	TITLE		Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			
title Name	ļ	Delete	TITLE NAME		Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP	<u> </u>		CITY - ST - ZIP		Change Addition	
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS		Change Addition	
CITY - ST - ZIP	n indicated on this report or suppl	emental report is true and acc	curate and that my si	onature shall have the same le	Florida Statutes. I further certify that the egal effect as if made under oath; that I am ar Florida Statutes; and that my name appears	