

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90017 029 ***550.00

DOCUMENT # 540026

1. Entity Name

Metamor Government Solutions, Inc

Principal Place of Business

Mailing Address

4400 Post Oak Pkwy
 Houston, TX 77024

44983 Knoll Square
 Ashburn, VA 20147

2. Principal Place of Business
 44983 Knoll Square

3. Mailing Address
 44983 Knoll Square

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Ashburn, VA

City & State
 Ashburn, VA

Zip
 20147

Country
 USA

Zip
 20147

Country
 USA

4. FEI Number

59-1741721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation
 1200 South Pine Island Rd
 Plantation, FL 33324

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, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | President Harry G. Hobbs 44983 Knoll Square Ashburn, VA 20147 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Treasurer Lawrence E. Hyatt 444983 Knoll Square Ashburn, VA 20147 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Secretary Kathleen B. Horne 44983 Knoll Square Ashburn, VA 20147 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice President Marilou Jacobus 44983 Knoll Square Ashburn, VA 20147 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice President Kathleen Haithcock 44983 Knoll Square Ashburn, VA 20147 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Assistant Secretary David Kramer 44983 Knoll Square Ashburn, VA 20147 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Assistant Secretary Brian Geoghegan 44983 Knoll Square Ashburn, VA 20147 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Assistant Secretary Robert Ledoux 44983 Knoll Square Ashburn, VA 20147 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
C0076888

CR2E034 (11/00)