

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90012 038 ***150.00

DOCUMENT # 848735

1. Entity Name
MOBIL LAND DEVELOPMENT CORPORATION

Principal Place of Business

11911 FREEDOM DRIVE
RESTON VA 22090
US

Mailing Address

800 BELL STREET
STATE TAX DEPT.
HOUSTON TX 77002
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2668993

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 2002 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 **GRECO, N G**
STREET ADDRESS **3225 GALLOWES ROAD**
CITY-ST-ZIP **FAIRFAX VA 22037**

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

TITLE **VPD** ☐ Delete
NAME **GRIMES, R G**
STREET ADDRESS **3225 GALLOWES ROAD**
CITY-ST-ZIP **FAIRFAX VA 22037**

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

TITLE **VPD** ☐ Delete
NAME **ALEXANDER, D M**
STREET ADDRESS **3225 GALLOWES RD.**
CITY-ST-ZIP **FAIFAX VA 22037**

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

TITLE **S** ☐ Delete
NAME **KISHINEVSKY, S**
STREET ADDRESS **3225 GALLOWES RD**
CITY-ST-ZIP **FAIRFAX VA 22037**

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

TITLE **VPTD** ☐ Delete
NAME **WAKEFIELD, J H**
STREET ADDRESS **3225 GALLOWES ROAD**
CITY-ST-ZIP **FAIRFAX VA 22037**

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

TITLE **AS** ☐ Delete
NAME **LOPEZ, S.A.**
STREET ADDRESS **800 BELL ST STATE TAX DEPT**
CITY-ST-ZIP **HOUSTON TX 77002**

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]

Assistant Secretary **MAR 25 2002** **(713) 656-1807**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)