

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90051 027 ***150.00

DOCUMENT # 851619

1. Entity Name
AMS OF DELAWARE, INC.

Principal Place of Business 4050 LEGATO RD FAIRFAX VA 22033 US	Mailing Address 4050 LEGATO RD FAIRFAX VA 22033-4087 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 54-0856778	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. 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
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MALEK, FREDERIC V	
STREET ADDRESS	1259 CREST LANE	
CITY-ST-ZIP	MCLEAN VA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	YUREK, NANCY M	
STREET ADDRESS	2629 SOUTH HAYES STREET	
CITY-ST-ZIP	ARLINGTON VA 22202	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	GROSS, PATRICK W	
STREET ADDRESS	7401 GLENBROOK RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	STVD	<input type="checkbox"/> Delete
NAME	NICOLAI, FRANK A	
STREET ADDRESS	12325 HATTON PT ROAD	
CITY-ST-ZIP	FT WASHINGTON MD	
TITLE	COB	<input type="checkbox"/> Delete
NAME	BRANDS, PAUL A	
STREET ADDRESS	3245 JUNIPER LANE	
CITY-ST-ZIP	FALLS CHURCH VA 22044	
TITLE	EVPT	<input type="checkbox"/> Delete
NAME	SCHILLEREFF, RONALD	
STREET ADDRESS	4050 LEGATO ROAD	
CITY-ST-ZIP	FAIFAX VA 22033	

12. 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 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	

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: *Nancy M. Yurek* **SIGNATURE REQUIRED** Nancy M. Yurek 4/10/00 703-267-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)