

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90264 028 ***150.00

DOCUMENT # 851619 1. Entity Name AMS OF DELAWARE, INC.					
Principal Place of Business 4050 LEGATO RD FAIRFAX, VA 22033 US			Mailing Address 4000 LEGATO RD 7TH FL, C/O TAX DEPT. FAIRFAX, VA 22033 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-0856778	
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	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MALEK, FREDERIC V		NAME		
STREET ADDRESS	1259 CREST LANE		STREET ADDRESS		
CITY-ST-ZIP	MC LEAN, VA 22102		CITY-ST-ZIP		
TITLE	AS	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	YUREK, NANCY M		NAME	AS Hunt, Lisa	
STREET ADDRESS	2629 SOUTH HAYES STREET		STREET ADDRESS	2310 14th Street N. #106	
CITY-ST-ZIP	ARLINGTON, VA 22202		CITY-ST-ZIP	Arlington, VA 22201	
TITLE	VCD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	GROSS, PATRICK W		NAME	Reagan, James C.	
STREET ADDRESS	7401 GLENBROOK RD		STREET ADDRESS	2060 Beacon Height Drive	
CITY-ST-ZIP	BETHESDA, MD 20014		CITY-ST-ZIP	Arlington, VA 20191	
TITLE	SEVP	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	NICOLAI, FRANK A		NAME	Fontaine, David A.	
STREET ADDRESS	12325 HATTON PT ROAD		STREET ADDRESS	2917 Bellevue Terrace, NW	
CITY-ST-ZIP	FORT WASHINGTON, MD 20744		CITY-ST-ZIP	Washington, DC 20016	
TITLE	PCOO	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	PURDY, WILLIAM M		NAME	Mockett, Alfred T.	
STREET ADDRESS	2804 NORTH HARRISON STREET		STREET ADDRESS	201 Falcon Ridge Road	
CITY-ST-ZIP	ARLINGTON, VA 22207		CITY-ST-ZIP	Great Falls, VA 22066	
TITLE	EVPD	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	SCHILLEREFF, RONALD		NAME	Felix, Jennifer H.	
STREET ADDRESS	4050 LEGATO ROAD		STREET ADDRESS	659 Old Hunt Way	
CITY-ST-ZIP	FAIFAX, VA 22033		CITY-ST-ZIP	Herndon, VA 20170	
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: <i>Jennifer Felix</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/23/04		Daytime Phone #: 703-267-5400