FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90144 010 ***150.00

DOCUMENT # 851619

1. Entity Name
AMS OF DELAWARE, INC.

DO NOT WRITE IN THIS SPACE

11032951

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4050 LEGATO ROAD	4000 LEGATO ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc. 7TH FLOOR C/O TAX DEPT.
City & State: FAIRFAX VA	City & State: FAIRFAX VA
Zip: 22033 Country: US	Zip: 22033 Country: US

4. FEI Number: 54-0856778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD

City: PLANTATION FL Zip Code: 33324

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	MALEK, FREDERIC V	NAME	
STREET ADDRESS	1259 CREST LANE	STREET ADDRESS	
CITY - ST - ZIP	MCLEAN VA 22102	CITY - ST - ZIP	
TITLE	AS	TITLE	
NAME	REAGAN, JAMES C	NAME	
STREET ADDRESS	12029 CREEKBEND DRIVE	STREET ADDRESS	
CITY - ST - ZIP	RESTON VA 20194	CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	FONTAINE, DAVID R	NAME	
STREET ADDRESS	2917 BELLEVUE TERRACE, NW	STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC 20016	CITY - ST - ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	TEVP	TITLE	
NAME	BRITTAIN, JOHN S	NAME	
STREET ADDRESS	11300 PEACOCK HILL WAY	STREET ADDRESS	
CITY - ST - ZIP	GREAT FALLS VA 22066	CITY - ST - ZIP	
TITLE	DCEO	TITLE	
NAME	MOCKETT, ALFRED T	NAME	
STREET ADDRESS	201 FALCON RIDGE ROAD	STREET ADDRESS	
CITY - ST - ZIP	GREAT FALLS VA 22066	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	PURDY, WILLIAM M	NAME	
STREET ADDRESS	2804 NORTH HARRISON STREET	STREET ADDRESS	
CITY - ST - ZIP	ARLINGTON VA 22207	CITY - ST - ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ ASST. SECRETARY 4/29/03 703-267-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1