

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 852139

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: THALES CONTACT SOLUTIONS, INC.

Current Principal Place of Business:

480 SPRING PARK PLACE
SUITE 1000
HERNDON, VA 20170 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9963
FT. LAUDERDALE, FL 333409963 US

New Mailing Address:

675 N. WASHINGTON STREET
SUITE 400
ALEXANDRIA, VA 22314 US

FEI Number: 52-1144075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARK, JAMES
Address: 480 SPRING PARK PLACE
City-St-Zip: HERNDON, VA 20170

Title: ATAS () Delete
Name: DIAZ, WILLIAM
Address: 1601 HARRISON PKWY
City-St-Zip: SUNRISE, FL 33323

Title: S () Delete
Name: CAMPOS, DELFINA
Address: 1601 N. HARRISON PKWY.
City-St-Zip: SUNRISE, FL 33323

Title: VPGM () Delete
Name: WOOTEN, CHRIS
Address: 480 SPRING PARK PLACE
City-St-Zip: HERNDON, VA 20170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. DIAZ

ATAS

05/01/2002

Electronic Signature of Signing Officer or Director

_____ Date