

APR-12-2001 17:40

C T CORPORATION WASH DC

2001 UNIFORM BUSINESS REPORT (UBR)FILED
06-24-2001 04:47:00 *****50.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -5 PM 4:38

DOCUMENT # F000000001647

1. Entity Name

The Lessard Architectural Group, Inc. ✓

Principal Place of Business

Virginia

Mailing Address

8603 Westwood Cntr Dr
Suite 400
Vienna, VA 22182

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

54-1497736

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

CT Corporation
1200 South 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.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

NOTE: Registered Agent signature required when retaking.

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒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
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPSecretary
Mark P. Wilbur
8603 Westwood Cntr Dr. #400
Vienna, VA 22182☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

800004466818-6

-07/10/01--01021--013

*****100.00 *****100.00

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☒ Change ☐ Addition

SP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 empowers.

SIGNATURE: Mark P. Wilbur, Chief Financial Officer

6-27-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9C:9T 1007-7T-1114

P.02