

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90241 009 \*\*\*150.00

DOCUMENT # F00000002107

ORIGINAL

1. Entity Name  
PF.NET SUPPLY CORP.

Principal Place of Business

Mailing Address

1625 B STREET  
WASHOUGAL WA 98671

1625 B STREET  
WASHOUGAL WA 98671

2. Principal Place of Business

3. Mailing Address

1800 Alexander Bell Drive, Ste 400  
Reston, Virginia 20191

Si 1800 Alexander Bell Drive, Ste 400  
Reston, Virginia 20191

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-2197937

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | PCD                | <input checked="" type="checkbox"/> Delete |
| NAME           | WARTA, JOHN        |  |
| STREET ADDRESS | 1625 B STREET      |  |
| CITY-ST-ZIP    | WASHOUGAL WA 98671 |  |
| TITLE          | VPVC               | <input checked="" type="checkbox"/> Delete |
| NAME           | IRWIN, STEPHEN     |  |
| STREET ADDRESS | 1625 B STREET      |  |
| CITY-ST-ZIP    | WASHOUGAL WA 98671 |  |
| TITLE          | SD                 | <input type="checkbox"/> Delete            |
| NAME           | IRWIN, STEPHEN     |  |
| STREET ADDRESS | 1625 B STREET      |  |
| CITY-ST-ZIP    | WASHOUGAL WA 98671 |  |
| TITLE          | T                  | <input type="checkbox"/> Delete            |
| NAME           | TAYLOR, DAVID      |  |
| STREET ADDRESS | 1625 B STREET      |  |
| CITY-ST-ZIP    | WASHOUGAL WA 98671 |  |
| TITLE          | D                  | <input checked="" type="checkbox"/> Delete |
| NAME           | AZIZ, SHARYAR      |  |
| STREET ADDRESS | 1625 B STREET      |  |
| CITY-ST-ZIP    | WASHOUGAL WA 98671 |  |
| TITLE          | D                  | <input checked="" type="checkbox"/> Delete |
| NAME           | DAMIRIS, GEORGE J  |  |
| STREET ADDRESS | 1625 B STREET      |  |
| CITY-ST-ZIP    | WASHOUGAL WA 98671 |  |

|                |   |  |
|----------------|---|--|
| TITLE          | Director                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Brian Kwait                             |  |
| STREET ADDRESS | 505 Park Avenue, 16 <sup>th</sup> Floor |  |
| CITY-ST-ZIP    | New York, NY 10022                      |  |
| TITLE          | Director                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Tom McCaleb                             |  |
| STREET ADDRESS | 600 Kenrick Street, Suite A5            |  |
| CITY-ST-ZIP    | Houston, TX 77060                       |  |
| TITLE          | Don W. Bolar, President                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 1800 Alexander Bell Drive, Ste 400      |  |
| STREET ADDRESS | Reston, Virginia 20191                  |  |
| CITY-ST-ZIP    |   |  |
| TITLE          | Phil Wright, VP, Secretary & Treasurer  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 600 Kenrick Street, Suite A5            |  |
| STREET ADDRESS | Houston, TX 77060                       |  |
| CITY-ST-ZIP    |   |  |
| TITLE          | Deborah Milian, Assistant Secretary     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 505 Park Avenue, 16 <sup>th</sup> Floor |  |
| STREET ADDRESS | New York, NY 10022                      |  |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don Bolar

Date

4/18/01

Daytime Phone #

(703) 262-7206

CR2E034 (10/00)