


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90960 043 \*\*\*150.00

0662823 AB

<b>DOCUMENT #</b> F00000003009	
<b>1. Entity Name</b> CES FACILITIES MANAGEMENT SERVICES, INC.	

<b>Principal Place of Business</b> 2345 CRYSTAL DRIVE, TENTH FLOOR ARLINGTON VA 22202	<b>Mailing Address</b> 2345 CRYSTAL DRIVE, TENTH FLOOR ARLINGTON VA 22202
---	---

<b>2. Principal Place of Business</b> 320 23rd Street South	<b>3. Mailing Address</b> Same
Suite, Apt. #, etc. 100	Suite, Apt. #, etc.
City & State Arlington, VA	City & State
Zip 22202	Country U.S.



☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 54-1961798	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
<b>7. Name and Address of New Registered Agent</b> 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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> ROGERS, PHILIP B 2345 CRYSTAL DRIVE, ELEVENTH FLOOR ARLINGTON VA 22202 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> Philip D. Sayers 320 23rd Street South, Suite 100 Arlington, VA 22202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> CROSBY, DEBORAH F 2345 CRYSTAL DRIVE, ELEVENTH FLOOR ARLINGTON VA 22202 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> Jeffrey M. Levy 301 Merritt Seven, 6th Floor Norwalk, CT 06851 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> HERNANDEZ, OLIVER 2345 CRYSTAL DRIVE, ELEVENTH FLOOR ARLINGTON VA 22202 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> William Rodgers 301 Merritt Seven, 6th Floor Norwalk, CT 06851 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> SPERA, JOHNNAS 2345 CRYSTAL DRIVE, ELEVENTH FLOOR ARLINGTON VA 22202 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> Steven Gulley 320 23rd Street South, Suite 100 Arlington, VA 22202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> SAYERS, PHILIP D 2345 CRYSTAL DRIVE, ELEVENTH FLOOR ARLINGTON VA 22202 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> Frank Donelan 301 Merritt Seven, 6th Floor Norwalk, CT 06851 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SMITH, ROBERT H 2345 CRYSTAL DRIVE, ELEVENTH FLOOR ARLINGTON VA 22202 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Jeffrey M. Levy 301 Merritt Seven, 6th Floor Norwalk, CT 06851 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**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:** JOHNNAS S. SPERA **JOHNNAS S. Spera/Secretary** 3/31/03 703/769-1302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)