

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000003857**

1. Entity Name  
BROADSLATE OPERATIONS, INC.

Principal Place of Business  
C/O WALTER M. ZIRKLE  
585 LOBLOLLY LANE  
CHARLOTTESVILLE VA 22903

Mailing Address  
C/O WALTER M. ZIRKLE  
585 LOBLOLLY LANE  
CHARLOTTESVILLE VA 22903

2. Principal Place of Business  
630 PETER JEFFERSON PARKWAY

3. Mailing Address  
630 PETER JEFFERSON PARKWAY

Suite, Apt. #, etc.  
SUITE 300

Suite, Apt. #, etc.  
SUITE 300

DO NOT WRITE IN THIS SPACE

City & State  
CHARLOTTESVILLE VA

City & State  
CHARLOTTESVILLE VA

4. FEI Number  
**54-1994733**

Applied For  
Not Applicable

Zip Country  
22911

Zip Country  
22911

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**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET

TALLAHASSEE FL  
323012525 US

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 \_\_\_\_\_ DATE **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 T ☐ Delete  
NAME DOERING DONALD A  
STREET ADDRESS 585 LOBLOLLY LANE  
CITY-ST-ZIP CHARLOTTESVILLE VA 22903

TITLE T ☒ Change ☐ Addition  
NAME DOERING DONALD A  
STREET ADDRESS 630 PETER JEFFERSON PARKWAY, SUITE 300  
CITY-ST-ZIP CHARLOTTESVILLE VA 22911

TITLE VSD ☐ Delete  
NAME ZIRKLE WALTER M  
STREET ADDRESS 585 LOBLOLLY LANE  
CITY-ST-ZIP CHARLOTTESVILLE VA 22903

TITLE VSD ☒ Change ☐ Addition  
NAME ZIRKLE WALTER M  
STREET ADDRESS 630 PETER JEFFERSON PARKWAY, SUITE 300  
CITY-ST-ZIP CHARLOTTESVILLE VA 22911

TITLE PD ☐ Delete  
NAME MACKENZIE EARLE A  
STREET ADDRESS 585 LOBLOLLY LANE  
CITY-ST-ZIP CHARLOTTESVILLE VA 22903

TITLE PD ☒ Change ☐ Addition  
NAME MACKENZIE EARLE A  
STREET ADDRESS 630 PETER JEFFERSON PARKWAY, SUITE 300  
CITY-ST-ZIP CHARLOTTESVILLE VA 22911

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:** Earle A. MacKenzie

PD 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)