

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000004496**1. Entity Name
COREFACTS RESOURCES, INC.**Principal Place of Business**

8150 LEESBURG PIKE, STE 709

VIENNA
22182

VA

Mailing Address

8150 LEESBURG PIKE, STE 709

VIENNA
22182

VA

2. Principal Place of Business
14030 THUNDERBOLT PLACE**3. Mailing Address**
14030 THUNDERBOLT PLACESuite, Apt. #, etc.
SUITE 700Suite, Apt. #, etc.
SUITE 700City & State
CHANTILLY VACity & State
CHANTILLY VAZip
20151Country
USZip
20151Country
US4. FEI Number
54-1959084Applied For
Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMILLER JAY T
3364 NE SUGARHILL AVE.JENSEN BEACH
34957

US

FL

7. Name and Address of New Registered Agent

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 _____ **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	ST	<input type="checkbox"/> Delete
NAME	CARTER MARK A	
STREET ADDRESS	6109F WIGMORE LANE	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEVETOWN ANDREW S	
STREET ADDRESS	1240 PROVIDENCE TERRACE	
CITY-ST-ZIP	MCLEAN VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER MARK A	
STREET ADDRESS	6109F WIGMORE LANE	
CITY-ST-ZIP	ALEXANDRIA VA 22315	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVETOWN ANDREW S	
STREET ADDRESS	1240 PROVIDENCE TERRACE	
CITY-ST-ZIP	MCLEAN VA 22101	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Mark A. Carter

COO

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)