FILED

1/8/02

703-464-9800

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF

Jan 27, 2002 8:00 am F00000005637 DOCUMENT # Secretary of State 1. Entity Name DIETZE CONSTRUCTION GROUP, INC. 01-27-2002 90006 041 ***150 00 Principal Place of Business Mailing Address 4200-A TECHNOLOGY COURT 4200-A TECHNOLOGY COURT CHANTILLY VA 20151 CHANTILLY VA 20151 2. Principal Place of Business 3. Mailing Address 3859 Centerview Drive #200 3859 Centerview Drive #200 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 54-1649129 Chantilly Virginia Chantilly Virginia Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 20151 USA 20151 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent N/A C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. N/ASIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition TITLE ☐ Delete TITLE DIETZE, RALPH A NAME NAME 43543 FIRESTONE PLACE STREET ADDRESS STREET ADDRESS LEESBURG VA 20176 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NICHOLS, ROBERT A NAME NAME 19473 EBENIZER CHURCH ROAD STREET ADDRESS STREET ADDRESS **ROUND HILL VA 20141** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME Sullivan, Kevin D NAME **620 DISKIN PLACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG VA 20175 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition · Sarahi. NAME NAME STREET ADDRESS STREET ADDRESS 41.77 12 , 214 , - 15 CITY-ST-ZIP · · 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 partistee 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 like empowered. Aph A. Dietze President

NG OFFICER OR DIRECTOR