2ช์บรี UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DCCUMENT # F0000006185 MORTENSEN & MENDONCA, LTD., INC. 05-15-2001 90137 023 ***150.00 Principal Place of Business Mailing Address 2787 HARTLAND ROAD 2787 HARTI AND ROAD FALLS CHURCH VA 22043 FALLS CHURCH VA 22043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 54-148428 Not Applicable Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MENDONCA, KATHRYN Street Address (P.O. Box Number is Not Acceptable) 925 SPRING PARK LOOP 192 EASTPARK DRIVE -CELEBRATION PL 34747 CELEBRATION FU 34747 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE MORTENSEN, META JANE NAME NAME 2787 HARTLAND ROAD STREET ADDRESS STREET ADDRESS FALLS CHURCH VA 22043 CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE MENDONCA, KATHRYN NAME NAME 925 SPRING PARK LOOP 132 EASTPARK DRIVE STREET ADDRESS STREET ADDRESS CELEBRATION FL 34747 **CELEBRATION FL 34747** CITY-ST-ZIP CITY-ST-ZIP. Change ☐ Addition ☐ Delete TITLE TITLE PERSIL, AMY NAME NAME 2787 HARTLAND ROAD STREET ADDRESS STREET ADDRESS **FALLS CHURCH VA 22043** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete DD F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

changed, or on an attachment with an addres

NATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered.

0) 40756

FILED