

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000007075

1. Entity Name

Mc 2/5/01 filed
Zephion Networks Communications Inc

Principal Place of Business

Mailing Address

C/O GENERAL COUNSEL
2950 GALLOWES ROAD
FALLS CHURCH VA 22042

~~C/O GENERAL COUNSEL~~
2950 GALLOWES ROAD
FALLS CHURCH VA 22042

2. Principal Place of Business

3. Mailing Address

Gbenga Aranmolate

Suite, Apt. #, etc.
2950 Gallowes Road

City & State
Falls Church, VA

Zip
22042

Country
Fairfax

4. FEI Number

54-2012433

Applied For

Not Applicable

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 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
AGOGBUA, JOHNSON
2950 GALLOWES ROAD
FALLS CHURCH VA 22042** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
GORDON, LIRAN
2950 GALLOWES ROAD
FALLS CHURCH VA 22042** ☐ Delete

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

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

571-226-7489

Daytime Phone #

CR2E034 (10/00)

001486

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90065 009 ***150.00

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DO NOT WRITE IN THIS SPACE