

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90310 043 ***150.00

DOCUMENT # F01000000164

1. Entity Name
GMN US OPERATIONS, INC.

Principal Place of Business
8401 COLESVILLE ROAD, SUITE 305
SILVER SPRING MD 20910

Mailing Address
8401 COLESVILLE ROAD, SUITE 305
SILVER SPRING MD 20910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

201 N. Union St.

201 N. Union St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 360

SUITE 360

City & State
 ALEXANDRIA, VA

City & State
 ALEXANDRIA, VA

4. FEI Number

06-1595889

Applied For

Not Applicable

Zip

Country

VA 22314

USA

Zip

Country

22314

USA

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, 2002 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 HUDSON, DOUG 8401 COLESVILLE ROAD, SUITE 305 SILVER SPRING MD 20910	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCELHONE, LIAM 8401 COLESVILLE ROAD, SUITE 305 SILVER SPRING MD 20910	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDAS PRICE, GARY 8401 COLESVILLE ROAD, SUITE 305 SILVER SPRING MD 20910	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PHILLIPS, MATT 8401 COLESVILLE ROAD, SUITE 305 SILVER SPRING MD 20910	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWTON, MATT 8401 COLESVILLE ROAD, SUITE 305 SILVER SPRING MD 20910	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, JEFF 8401 COLESVILLE ROAD, SUITE 305 SILVER SPRING MD 20910	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Matt Phillips
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATT PHILLIPS PRESIDENT

4/19/02 (703) 836-6026

Date

Daytime Phone #

CR2E034 (9/01)