

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90847 019 \*\*\*150.00

**DOCUMENT # F01000000611**

1. Entity Name

**INVERTIX CORPORATION**

Principal Place of Business

**7630 LITTLE RIVER TURNPIKE  
 STE 500  
 ANNANDALE VA 22003**

Mailing Address

**7630 LITTLE RIVER TURNPIKE  
 STE 500  
 ANNANDALE VA 22003**

2. Principal Place of Business

**5285 Shawnee Road**

3. Mailing Address

**5285 Shawnee Road**

Suite, Apt. #, etc.

**Suite 401**

Suite, Apt. #, etc.

**Suite 401**

City & State

**Alexandria, VA**

City & State

**Alexandria, VA**

4. FEI Number

**54-1925476**

Applied For

Not Applicable

Zip

**22312**

Country

**US**

Zip

**22312**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCDOWELL, MARK E</b>	
STREET ADDRESS	<b>7630 LITTLE RIVER TURNPIKE, STE 500</b>	
CITY-ST-ZIP	<b>ANNANDALE VA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MAST, STEVEN R</b>	
STREET ADDRESS	<b>7630 LITTLE RIVER TURNPIKE, STE 500</b>	
CITY-ST-ZIP	<b>ANNANDALE VA</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>HURTADO, ARTHUR D</b>	
STREET ADDRESS	<b>7630 LITTLE RIVER TURNPIKE, STE 500</b>	
CITY-ST-ZIP	<b>ANNANDALE VA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, DARRELL A</b>	
STREET ADDRESS	<b>7630 LITTLE RIVER TURNPIKE, STE 500</b>	
CITY-ST-ZIP	<b>ANNANDALE VA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WINKEY, TRAVIS J</b>	
STREET ADDRESS	<b>7630 LITTLE RIVER TURNPIKE, STE 500</b>	
CITY-ST-ZIP	<b>ANNANDALE VA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOLLAMUDI, RAJ L</b>	
STREET ADDRESS	<b>7630 LITTLE RIVER TURNPIKE, STE 500</b>	
CITY-ST-ZIP	<b>ANNANDALE VA</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>5285 Shawnee Rd, Suite 401</b>
CITY-ST-ZIP	<b>Alexandria, VA 22312</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>5285 Shawnee Rd, Suite 401</b>
CITY-ST-ZIP	<b>Alexandria, VA 22312</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>5285 Shawnee Rd, Suite 401</b>
CITY-ST-ZIP	<b>Alexandria, VA 22312</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>5285 Shawnee Rd, Suite 401</b>
CITY-ST-ZIP	<b>Alexandria, VA 22312</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>5285 Shawnee Rd, Suite 401</b>
CITY-ST-ZIP	<b>Alexandria, VA 22312</b>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/02**

Date

**(703) 813-2100**

Daytime Phone #

CR2E034 (9/01)