

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90022 017 ***150.00

DOCUMENT # F01000000948

1. Entity Name

SIGNAL CORPORATION OF VIRGINIA

Principal Place of Business

**3040 WILLIAMS DRIVE, STE 200
FAIRFAX VA 22031**

Mailing Address

**3040 WILLIAMS DRIVE, STE 200
FAIRFAX VA 22031**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1400723

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****CHILDERS, JOHN
909 S.W. 1ST AVE BRICKELL FEDERAL BLDG
RM #817-A
MIAMI FL 33131****7. Name and Address of New Registered Agent**Name
JOHN CHILDERS

Street Address (P.O. Box Number is Not Acceptable)

909 S.E. 1ST AVE BRICKELL FEDERAL BLDG RM #817-ACity
MIAMI**FL**Zip Code
33131

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
MODY, ROGER
3040 WILLIAMS DR., STE 200
FAIRFAX VA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MODY, LORI
3040 WILLIAMS DR., STE 200
FAIRFAX VA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOSS, SCOTT
3040 WILLIAMS DR., STE 200
FAIRFAX VA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

1/29/02 (703) 205-0500
Date Daytime Phone #

CR2E034 (9/01)