

2002 UNIFORM BUSINESS REPORT (UBR)

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

07-24-2002 90140 022 ***550.00

DOCUMENT # F01000002617

1. Entity Name
DIGITAL SUPPORT CORPORATION

Principal Place of Business

3863 CENTERVIEW DRIVE
SUITE 150
CHANTILLY VA 20151

Mailing Address

3863 CENTERVIEW DRIVE
SUITE 150
CHANTILLY VA 20151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1271080

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name

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

City

DEPARTMENT OF STATE

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME **D HAN, DAVID W**
STREET ADDRESS **14301 SULLYFIELD CIRCLE**
CITY-ST-ZIP **CHANTILLY VA 20151**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3863 Centerview Dr #150**
CITY-ST-ZIP **chantilly VA 20151**

TITLE ☐ Delete
NAME **VDT LULLA, SATISH**
STREET ADDRESS **14301 SULLYFIELD CIRCLE**
CITY-ST-ZIP **CHANTILLY VA 20151**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3863 Centerview Dr #150**
CITY-ST-ZIP **chantilly VA 20151**

TITLE ☐ Delete
NAME **PD BRIGHAM, PETER S**
STREET ADDRESS **14301 SULLYFIELD CIRCLE**
CITY-ST-ZIP **CHANTILLY VA 20151**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3863 Centerview Dr #150**
CITY-ST-ZIP **chantilly VA 20151**

TITLE ☐ Delete
NAME **SD CORNETT, FRED O JR**
STREET ADDRESS **14301 SULLYFIELD CIRCLE**
CITY-ST-ZIP **CHANTILLY VA 20151**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3863 Centerview Dr #150**
CITY-ST-ZIP **chantilly VA 20151**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/02

Date

703-742-6744 Ext 1045

Daytime Phone #

CR2E034 (4/02)