

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90208 020 \*\*\*150.00

DOCUMENT # **F01000003895**

1. Entity Name  
**CAR MOM INC.**



Principal Place of Business  
**1420 SPRING HILL ROAD, SUITE 500  
MCLEAN VA 22102**

Mailing Address  
**1420 SPRING HILL ROAD, SUITE 500  
MCLEAN VA 22102**

2. Principal Place of Business  
**8270 Greensboro Dr.**

3. Mailing Address  
**8270 Greensboro Dr.**

Suite, Apt. #, etc.  
**Suite 950**

Suite, Apt. #, etc.  
**Suite 950**

City & State  
**McLean VA**

City & State  
**McLean VA**

Zip Country  
**22102 USA**

Zip Country  
**22102 USA**

4. FEI Number **54-1926018**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO ECKERT, THOMAS D 1420 SPRING HILL ROAD, SUITE 500 MCLEAN VA 22102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ECKERT, THOMAS D 1420 SPRING HILL ROAD, SUITE 500 MCLEAN VA 22102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERRIERO, JAY M 1420 SPRING HILL ROAD, SUITE 500 MCLEAN VA 22102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO KAY, DAVID S 1420 SPRING HILL ROAD, SUITE 500 MCLEAN VA 22102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT STAUF, PETE C 1420 SPRING HILL ROAD, SUITE 500 MCLEAN VA 22102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD WEAVER, JOHN M 1420 SPRING HILL ROAD, SUITE 500 MCLEAN VA 22102</b> <input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8270 Greensboro Dr., Suite 950 McLean VA 22102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8270 Greensboro Dr., Suite 950 McLean VA 22102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Dr. Vice President - Acquisition 8270 Greensboro Dr., Suite 950 McLean VA 22102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8270 Greensboro Dr., Suite 950 McLean VA 22102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8270 Greensboro Dr., Suite 950 McLean VA 22102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8270 Greensboro Dr., Suite 950 McLean VA 22102</b>

12. 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 689, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**Catherine L. Potter**

**Assistant Secretary**

SIGNATURE: **By: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-03 (703) 288-3075**

Date Daytime Phone #

CR2E034 (10/02)

Attachment#  
80107212  
FOI000003895

List of Officers and Directors  
For  
CAR MOM INC.

Officers:

Thomas D. Eckert, Chief Executive Officer and President  
8270 Greensboro Drive, Suite 950  
McLean, Virginia 22102

John M. Weaver, Secretary  
8270 Greensboro Drive, Suite 950  
McLean, Virginia 22102

David S. Kay, Chief Financial Officer  
8270 Greensboro Drive, Suite 950  
McLean, Virginia 22102

Peter C. Staaf, Treasurer  
8270 Greensboro Drive, Suite 950  
McLean, Virginia 22102

Jay M. Ferriero, Senior Vice President, Acquisitions  
8270 Greensboro Drive, Suite 950  
McLean, Virginia 22102

Lisa M. Clements, Vice President and Controller  
8270 Greensboro Drive, Suite 950  
McLean, Virginia 22102

Catherine L. Potter, Assistant Secretary  
8270 Greensboro Drive, Suite 950  
McLean, Virginia 22102

Directors:

Thomas D. Eckert  
8270 Greensboro Drive, Suite 950  
McLean, Virginia 22102

John M. Weaver  
8270 Greensboro Drive, Suite 950  
McLean, Virginia 22102