

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91728 028 ***150.00

DOCUMENT # F01000005218

1. Entity Name
SIMPLEXITY, INC.

Principal Place of Business Mailing Address
460 HERNDON PARKWAY, SUITE 155 **460 HERNDON PARKWAY, SUITE 155**
HERNDON VA 20170 **HERNDON VA 20170**

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 **77-0606699**

Applied For

Not Applicable

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

FEDERAL RESEARCH CORPORATION
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

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 **ALAN PEYSER**

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 **P** ☒ Delete
 NAME **FERZACCA, MICHAEL E**
 STREET ADDRESS **460 HERNDON PARKWAY, SUITE 155**
 CITY-ST-ZIP **HERNDON VA 20170**

TITLE **S** ☒ Delete
 NAME **PUTNAM, MICHAEL R**
 STREET ADDRESS **460 HERNDON PARKWAY, SUITE 155**
 CITY-ST-ZIP **HERNDON VA 20170**

TITLE **CD** ☐ Delete
 NAME **PEYSER, ALAN**
 STREET ADDRESS **7 ARROWOOD TERRACE**
 CITY-ST-ZIP **BETHESDA MD 20817**

TITLE **D** ☐ Delete
 NAME **BAUHOFFER, SCOTT**
 STREET ADDRESS **2075 FLYING CLOUD DRIVE**
 CITY-ST-ZIP **EDEN PRAIRIE MN 55344**

TITLE **D** ☐ Delete
 NAME **DISANTO, JAMES**
 STREET ADDRESS **281 ERICA WAY**
 CITY-ST-ZIP **PORTOLA VALLEY CA 94028**

TITLE **D** ☐ Delete
 NAME **HEBB, DONALD JR.**
 STREET ADDRESS **400 EAST PRATT STREET, SUITE 910**
 CITY-ST-ZIP **BALTIMORE MD 21202-3116**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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: **ALAN PEYSER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/02 **703 650 4310**
 Date Daytime Phone #

CR2E034 (9/01)