

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91233 035 ***150.00

DOCUMENT # F01000006223

1. Entity Name
PF.NET PROPERTY CORP.

Principal Place of Business
2941 FAIRVIEW PARK DRIVE, SUITE 200
FALLS CHURCH VA 22042

Mailing Address
2941 FAIRVIEW PARK DRIVE, SUITE 200
FALLS CHURCH VA 22042

2. Principal Place of Business
2941 Fairview Park Dr

3. Mailing Address
2941 Fairview Park Drive

Suite, Apt. #, etc.
Suite 200

City & State
Falls Church, VA

City & State
Falls Church, VA

Zip
22042

Country
USA

Zip
22042

Country
USA

4. FEI Number
52-2197939

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BOLAR, DONALD W	
STREET ADDRESS	2941 FAIRVIEW PARK DRIVE, SUITE 200	
CITY-ST-ZIP	FALLS CHURCH VA 22042	
TITLE	VST	<input type="checkbox"/> Delete
NAME	WRIGHT, PHIL	
STREET ADDRESS	600 KENRICK STREET, STE. A-5	
CITY-ST-ZIP	HOUSTON TX 77061	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCALEB, TOM	
STREET ADDRESS	600 KENRICK STREET, STE. A-5	
CITY-ST-ZIP	HOUSTON TX 77061	
TITLE	D	<input type="checkbox"/> Delete
NAME	KWAIT, BRIAN	
STREET ADDRESS	280 PARK AVE., 16TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, DAVID L	
STREET ADDRESS	2941 FAIRVIEW PARK DRIVE, SUITE 200	
CITY-ST-ZIP	FALLS CHURCH VA 22042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Terry Wingfield **4/30/02** **703-564-7200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)