

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90055 014 ***150.00

DOCUMENT # F92000000887

1. Entity Name

RVATCC INC.

Principal Place of Business

Mailing Address

12110 SUNSET HILLS ROAD
SUITE 600
RESTON VA 20190
US

12110 SUNSET HILLS RD
SUITE 600
RESTON VA 20190-3223
US

2. Principal Place of Business

22 Pelican Way

3. Mailing Address

22 Pelican Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
San Rafael CA

City & State
San Rafael CA

4. FEI Number

54-1447754

Applied For

Not Applicable

Zip
94901

Country
USA

Zip
94901

Country
USA

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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
105
TALLAHASSEE FL 32301

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

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
APRAHAMIAN, RONALD V
9311 CORNWELL FARM RD.
GREAT FALLS VA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President and Director
James D. Durham
22 Pelican Way San Rafael, CA 94901 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DAVID EHRHARDT
12110 SUNSET HILLS RD STE 600
RESTON VA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer and Director
John V. Cracchiolo
SAME Address ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CHAPMAN, CHRISTINE
12110 SUNSET HILLS ROAD, SUITE 500
RESTON VA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Keith M. Roberts
SAME Address ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LESSER, DAVID
12110 SUNSET HILLS ROAD, STE. 600
RESTON VA ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
KING, MICHAEL J.
12110 SUNSET HILLS RD STE 600
RESTON VA ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
NELSON, NANCY
12110 SUNSET HILLS RD STE 600
RESTON VA ☒ Delete

TITLE
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: Keith M. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 415-482-2293
Date Daytime Phone #

CR2E034 (9/99)