

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90187 035 ***150.00

DOCUMENT # F93000000716

1. Entity Name
ADVANTOR CORPORATION

Principal Place of Business
6101 LAKE ELLENOR DR
ORLANDO FL 32809
US

Mailing Address
PO BOX 19926
ALEXANDRIA VA 22320-0926

00041166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-2028229		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CLIFTON, RICHARD N 6101 LAKE ELLENOR DR. ORLANDO FL 32809				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMMING, HARRY S	NAME	
STREET ADDRESS	99 CANAL CENTER PLAZA STE 220	STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDIS, JANE A	NAME	
STREET ADDRESS	99 CANAL CENTER PLAZA STE 220	STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFTON, RICHARD W	NAME	
STREET ADDRESS	6101 LAKE ELLENOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMMING, H T	NAME	
STREET ADDRESS	6101 LAKE ELLENOR DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VICE PRESIDENT
STREET ADDRESS		STREET ADDRESS	JEFFREY S. WHIRLEY
CITY-ST-ZIP		CITY-ST-ZIP	6101 LAKE ELLENOR DR.
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VICE PRESIDENT
STREET ADDRESS		STREET ADDRESS	CHUCK PERKINS
CITY-ST-ZIP		CITY-ST-ZIP	6101 LAKE ELLENOR DR.
			ORLANDO, FL 32809

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: Jane A. Landis **JANE A. LANDIS** 4/11/01 703/379-3900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)