

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001048

1. Entity Name

THE MYELIN PROJECT, INC.

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90307 009 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2001 PENNSYLVANIA AVENUE SUITE 225 WASHINGTON DC 20006	Mailing Address 2001 PENNSYLVANIA AVENUE SUITE 225 WASHINGTON DC 20006
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2. Principal Place of Business 2136 Gallows Rd Suite E	3. Mailing Address 2136 Gallows Rd Suite E
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City & State Dunn Loring VA	City & State Dunn Loring VA	4. FEI Number 52-1545992	Applied For <input type="checkbox"/> Not Applicable
Zip 22027	Country USA	Zip 22027	Country USA

6. Name and Address of Current Registered Agent GOLD, JAY 2207 EARLEAF COURT LONGWOOD FL 32779	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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 617, 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.

SIGNATURE: SIGNATURE REQUIRED Augusto Odone President (703)560-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)