

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002940

1. Entity Name

MATERIALS, COMMUNICATION AND COMPUTERS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90174 017 ***158.75

Principal Place of Business

Mailing Address

1500 NORTH BEAUREGARD STREET, SUITE 300
 ALEXANDRIA VA 22311

P.O. BOX 11243
 ALEXANDRIA VA 22312-0243

2. Principal Place of Business

5285 SHAWNEE ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 400

City & State

ALEXANDRIA, VA

City & State

4. FEI Number

56-1375202

Applied For

Not Applicable

Zip

Country

22312

Zip

Country

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

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

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 **SD** Delete
 NAME **DONENFELD, ALAN P**
 STREET ADDRESS **155 EAST 76TH ST**
 CITY-ST-ZIP **NEW YORK NY 10021**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **WILDER, DENISE L**
 STREET ADDRESS **5715 BARBMOR CT**
 CITY-ST-ZIP **ALEXANDRIA VA 22310**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **RAY, LOUIS H**
 STREET ADDRESS **6100 BEECHTREE DRIVE**
 CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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: Denise Wilder **Denise Wilder, Vice President**

3/22/00 (703)914-7443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)