2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State **DOCUMENT #** F93000002940 1. Entity Name 05-28-2002 91787 045 ***150.00 MATERIALS, COMMUNICATION AND COMPUTERS, INC. Principal Place of Business Mailing Address 5285 SHAWNEE ROAD P.O. BOX 11243 ALEXANDRIA VA 22312 SUITE 400 ALEXANDRIA VA 22312 2. Principal Place o Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 56-1375202 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE NAME DONENFELD, ALAN P NAME STREET ADDRESS STREET ADDRESS 155 EAST 76TH ST CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10021 TITLE ☐ Delete TITLE П Спалае ☐ Addition NAME NAME WILDER, DENISE L STREET ADDRESS STREET ADDRESS 5715 BARBMOR CT CITY-ST-ZIP CITY-ST-ZIP **ALEXANDRIA VA 22310** Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME RAY. LOUIS H STREET ADDRESS STREET ADDRESS 6100 BEECHTREE DRIVE CITY-ST-7IF CITY-ST-ZIP **ALEXANDRIA VA 22314** TITLE ☐ Delete TITLE Change ☐ Addition NAME DEMUTH, DONALD F NAME STREET ADDRESS STREET ADDRESS 300 FRANK W. BURR BLVD. CITY-ST-ZIP CITY-ST-7IP TEANECK NJ 07666 TITLE Delete TITLE Change Addition NAME NAME PENNELL. KEITH STREET ADDRESS 300 FRANK W. BURR BLVD. STREET ADDRESS CITY-ST-ZIP TEANECK NJ 07666 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME Savidge, Ben NAME STREET ADDRESS 42 OAKWOOD DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WORMLEYSBURG PA 17043

FILED

703 914-7410 SIGNATURE: _ Daytime Phone #

ith an address, with all other like empowered.

changed, or on an attachment

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