

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000003876

FILED
Mar 18, 2002 8:00 AM
Secretary of State

Entity Name: DIGITAL SYSTEM RESOURCES, INC.

Current Principal Place of Business:

12000 RESEARCH PARKWAY
SUITE 164
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

12000 RESEARCH PARKWAY
SUITE 164
ORLANDO, FL 32826

New Mailing Address:

12450 FAIR LAKES CIRCLE
SUITE 500
FAIRFAX, VA 22033 US

FEI Number: 54-1347398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CEGALA, DARREN
DSR
6965 UNIVERSITY BLVD
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

CEGALA, DARREN
12000 RESEARCH PARKWAY
SUITE 164
ORLANDO, FL 32792 US

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:

03/18/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDO () Delete
Name: BLOCH, FRED
Address: 12450 FAIR LAKES CIR, SUITE 500
City-St-Zip: FAIRFAX, VA 22033

Title: D () Delete
Name: KAUDERER, BERNARD
Address: 12450 FAIR LAKES CIR, SUITE 500
City-St-Zip: FAIRFAX, VA 22033

Title: C () Delete
Name: CARROLL, WILLIAM N.
Address: 12450 FAIR LAKES CIRCLE SUITE 500
City-St-Zip: FAIRFAX, VA

Title: CEO () Delete
Name: CARROLL, RICHARD W
Address: 12450 FAIR LAKES CIRCLE
City-St-Zip: FAIRFAX, VA 22033

Title: COO () Delete
Name: MURRAY, DAVID W
Address: 12450 FAIR LAKES CIRCLE
City-St-Zip: FAIRFAX, VA 22033

Title: D () Delete
Name: HARVEL, KERMIT
Address: 12450 FAIR LAKES CIRCLE
City-St-Zip: FAIRFAX, VA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. ALAN MISCHLER

CFO

03/18/2002

Electronic Signature of Signing Officer or Director

Date