

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90102 032 ***150.00

DOCUMENT # F93000003876

1. Entity Name
DIGITAL SYSTEM RESOURCES, INC.



Principal Place of Business
**12000 RESEARCH PARKWAY
SUITE 164
ORLANDO FL 32826**

Mailing Address
**12450 FAIR LAKES CIRCLE
SUITE 500
FAIRFAX VA 22033
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1347398**

Applied For

Not Applicable

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

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

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CDO**
NAME **BLOCH, FRED**
STREET ADDRESS **12450 FAIR LAKES CIR, SUITE 500**
CITY-ST-ZIP **FAIRFAX VA 22033**

☐ Delete

TITLE **D**
NAME **KAUDERER, BERNARD**
STREET ADDRESS **12450 FAIR LAKES CIR, SUITE 500**
CITY-ST-ZIP **FAIRFAX VA 22033**

☐ Delete

TITLE **C**
NAME **CARROLL, WILLIAM N.**
STREET ADDRESS **12450 FAIR LAKES CIRCLE SUITE 500**
CITY-ST-ZIP **FAIRFAX VA**

☐ Delete

TITLE **CEO**
NAME **CARROLL, RICHARD W**
STREET ADDRESS **12450 FAIR LAKES CIRCLE**
CITY-ST-ZIP **FAIRFAX VA 22033**

☐ Delete

TITLE **COO**
NAME **MURRAY, DAVID W**
STREET ADDRESS **12450 FAIR LAKES CIRCLE**
CITY-ST-ZIP **FAIRFAX VA 22033**

☐ Delete

TITLE **D**
NAME **HARVEL, KERMIT**
STREET ADDRESS **12450 FAIR LAKES CIRCLE**
CITY-ST-ZIP **FAIRFAX VA**

☐ Delete

TITLE **D**
NAME **MARTIN, JOSEPH**
STREET ADDRESS **12450 FAIR LAKES CIR, SUITE 500**
CITY-ST-ZIP **FAIRFAX VA 22033**

☐ Change ☒ Addition

TITLE **CFO**
NAME **MISCHLER, E. ALAN**
STREET ADDRESS **12450 FAIR LAKES CIR, SUITE 500**
CITY-ST-ZIP **FAIRFAX VA 22033**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03 703 885-3603

Date

Daytime Phone #

CR2E034 (10/02)