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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300004325

UNIVERSAL SYSTEMS & TECHNOLOGY, INC. OF VIRGINIA

Principal Place of Business Mailing Address									r ifiglifig erich tillige treit mitte dariet dater matte mutte mann zuer Land auff jage.		
12450 FAIR LAN	(ES CIR		12450 FAIR LAKES CIR								
SUITE 625				SUITE 625				1	DO NOT WRITE IN THIS SPACE		
FAIRFAX VA 22033				FAIRFAX VA 22033 US					3. Date Incorporated or Qualifed	7	
US			US						09/24/1993		
2 Dringing P	loss of Business		2a.	Mailing Address				—-	4. FEI Number Applied For	1	
2. Principal Place of Business				26					52-1556292 Not Applicable	1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					\$8.75 Additional	1	
	т, ото.		27	Catto, Apt. III City					5. Certificate of Status Desired Fee Required		
City & State				City & State					-6Election: Campaign Financing \$5:00 May Be	_	
23				28				-	Trust Fund Contribution Added to Fees		
Zip Country				Zip Country					8. This corporation owes the current year Intangible]	
24	25			29 30					Personal Property Tax. Yes No		
		Address of Current i	Regis	tered Agent					10. Name and Address of New Registered Agent	4	
						81	Name				
CT CORPORATION SYSTEM				•			2 Street Address (P.O. Box Number is Not Acceptable)			1	
1200 SOUTH PINE ISLAND RD.			ļ			02	Ou cot /	-100100	address (1.0. box Hallise: 15 Hot Acceptasso)		
PLAI	ntation FL 33:	324				83					
						84	City		85 Zip Code	1	
)				·			_		FL i	ľ	
	to the provisions of egistered agent, of m familiar with, ar	of Sections 607.0502 or both, in the State of ad accept the obligation	and 60 Florid ns of,	07.1508, Florida Statut a. Such change was a Section 607.0505, Flo	es, the uthoriz rida St	above ed by atutes	e-named the corpo	corpor oration	ration submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or print	ed name of registered agent a	nd title i	applicable. (NOTE	: Register	ed Agen	t signature r	equired v	when reinstaling) DATE	1	
12.		OFFICERS AND	DIRE	CTORS	1:	3.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	4	
TITLE	CPT			☐ DELETE	1.1	TITLE	1		Mathematical Change ☐ Addition		
NAME	STAFFORD, E	arl W			1.2	NAME		Sta	ifford Early W.		
STREET ADDRESS	REET ADDRESS 7803 SUFFOLK COURT			1.3 ST			STREET ADDRESS 5440 Marstone Lane				
CITY-ST-ZIP	ALEXANDRIA	VA 22310			1.4	CITY-S	r-ZIP	Fa	irfax VA 22030	4	
TITLE	VC			X DELETE	2.1	MLE		ō	☐ Change		
NAME	NORMAN, JOAN			2.2 N					ulders, Thomas		
STREET ADDRESS	609 OGDEN DRIVE			235			ADDRESS	710	e Holy Rood Dr. #		
CITY-ST-ZIP	MT. HOLLY N	J 08060			2.4	CITY-S	T-ZIP	Mc	Lean VA 2210i	4	
TITLE	_D			☐ DELETE	3.1	TITLE		<u>_D</u>	Change Addition	- -	
NAME	BELFORD, PE	TER C			3.2	NAME			Itord, referC.	- -	
STREET ADDRESS	8312 TURNBE	RRY COURT			3.3	STREET	ADDRESS	4	Beman Woods Gt.	}	
CITY-ST-ZIP	POTOMAC MI	20854			3.4	CITY-S	T-ZIP	ρ_{o}	turnac, MD 20854	4	
TITLE	S	- ,		☐ DELETE	4.1	TITLE		S	Change ☐ Addition	1	
NAME	GOTTLIEB, A.	M			4.2	NAME		G-01	Hiles A. Michael. 1592 Compton Circle 10tomac Falls VA 20165		
STREET ADDRESS	270 CHELMSI	FORD COURT			4.3	STREET	ADDRESS	47	1592 Compton circue		
CITY-ST-ZIP	STERLING VA				4.4	CITY-S	T- ZIP	ρ_0		_	
TITLE	T			☐ DELETE	5.1	TITLE		T	Change Addition	1	
NAME	RAMBLER, MI	TCHELL B			5.2	NAME		Rai	mbler, Mitchell B.		
STREET ADDRESS		IIAL GREEN CT.			5.3	STREET	ADDRESS	10/	17 Lakestone Rd		
CITY-ST-ZIP	N POTOMAC				5.4	CITY-5	T-ZIP		schville MD 20850	_	
TITLE				☐ DELETE	. 6.1	TITLE		0	☐ Change 💢 Addition		
NAME	ĺ				6.2	NAME		Na	ishman Alvin		
STREET ADDRESS					6.3	STREET	ADDRESS	360	or Ridgeway Terroce		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed of or an audichment with an address, with all other like in the corporation of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

SIGNATURE: