

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004325

1. Entity Name
UNIVERSAL SYSTEMS & TECHNOLOGY, INC. OF VIRGINIA

Principal Place of Business
5870 TRINITY PARKWAY
CENTREVILLE, VA 20120
US

Mailing Address
5870 TRINITY PARKWAY
SUITE 625
CENTREVILLE VA 20120
US

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 52-1556292

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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, 2002 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 CPT
NAME STAFFORD, EARL W
STREET ADDRESS 5440 MARLSTONE LANE
CITY-ST-ZIP FAIRFAX VA 22030 ☐ Delete

TITLE Chief Operating Officer
NAME Nancy Friedman
STREET ADDRESS 617 Melrose St.
CITY-ST-ZIP Alexandria, VA 22032 ☐ Change ☒ Addition

TITLE VC
NAME FAULDERS, THOMAS
STREET ADDRESS 7106 HOLY RD. DRIVE
CITY-ST-ZIP MCLEAN VA 22101 ☐ Delete

TITLE Director
NAME Warren Lawson
STREET ADDRESS 3601 Southwest Circle
CITY-ST-ZIP Ankeny, IA 50021 ☐ Change ☒ Addition

TITLE D
NAME BELFORD, PETER C
STREET ADDRESS 4 BEMAN WOODS CT.
CITY-ST-ZIP POTOMAC MD 20854 ☐ Delete

TITLE Director
NAME Bill Pollard
STREET ADDRESS 68 Emerald Dr.
CITY-ST-ZIP Jackson, TN 38305 ☐ Change ☒ Addition

TITLE S
NAME GOTTLIEB, A. MICHAEL
STREET ADDRESS 47592 COMPTON CIRCLE
CITY-ST-ZIP POTOMAC FALLS VA 20165 ☐ Delete

TITLE Director
NAME Charlene Drew Jarvis
STREET ADDRESS 1789 Sycamore St. N.W.
CITY-ST-ZIP Washington, DC 20012 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 law; 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: A. MICHAEL GOTTLIEB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chief Financial Officer

1/7/02 703-502-9600

Date Daytime Phone #

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90044 028 ***150.00



DO NOT WRITE IN THIS SPACE

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