

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000004325

FILED
Jan 06, 2003
Secretary of State

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

Current Principal Place of Business:

5870 TRINTY PARKWAY
CENTREVILLE, VA 20120 US

New Principal Place of Business:

5870 TRINTY PARKWAY
SUITE 400
CENTREVILLE, VA 20120 US

Current Mailing Address:

5870 TRINTY PARKWAY
SUITE 625
CENTREVILLE, VA 20120 US

New Mailing Address:

5870 TRINTY PARKWAY
SUITE 400
CENTREVILLE, VA 20120 US

FEI Number: 52-1556292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: STAFFORD, EARL W
Address: 5440 MARLSTONE LANE
City-St-Zip: FAIRFAX, VA 22030

Title: VC () Delete
Name: FAULDERS, THOMAS
Address: 7106 HOLY RD. DRIVE
City-St-Zip: MCLEAN, VA 22101

Title: D () Delete
Name: BELFORD, PETER C
Address: 4 BEMAN WOODS CT.
City-St-Zip: POTOMAC, MD 20854

Title: S () Delete
Name: GOTTLIEB, A. MICHAEL
Address: 47592 COMPTON CIRCLE
City-St-Zip: POTOMAC FALLS, VA 20165

Title: COO () Delete
Name: FRIEDMAN, NANCY
Address: 617 MELROSE ST
City-St-Zip: ALEXANDRIA, VA 22032

Title: D () Delete
Name: LAWSON, WARREN
Address: 3601 SOUTHWEST CIRCLE
City-St-Zip: ANKENY, IA 50021

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
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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: A. MICHAEL GOTTLIEB

S

01/06/2003

Electronic Signature of Signing Officer or Director

Date