## **FILED** May 29, 2002 8:00 am Secretary of State 05-29-2002 90692 001 \*\*\*550.00

## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F9400000 TOT					
Metrorally Inc				116750	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business  100 10 Rich mand Husy  Suite, Apt. #, etc.  Suite, Apt. #, etc.  MS 082		nd thusy	DO NOT WRITE IN THIS SE		
Alexandria Zip 3 2 306	Country	City & State Alexandria Zip 2006	Country		Applied For Not Applicable  8.75 Additional Required
7. Name and Address of Current Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE  CITY TO 11 a hasse FL 21 code 32301					
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)  January 1 - May 1 - Fee is \$150.06 After May 1 - Fee is \$550.06 Amended UBR is \$61.25 Make Check Payable to Department				10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
TITLE CEOP	OFFICERS AND		TITLE		21033
CITY-ST-ZIP	Williams L. Richmond Hig andria, VA Z	5300 MMBA *TH	NAME STREET ADDRESS GIV: ST-ZIP		Enwa III
NAME Kelly, Wincont D STREET ADDRESS WON Rich mind Highway CITY-ST-ZIP MEXANTERIA VA 22306			TITLE NAME SIREET ADDRESS CITY-ST-2P		CRZ
TITLE AS NAME White, Shirley B STREET ADDRESS LAIO RICHMYNG HIGHWAY			TITLE NAME STREET ADDRESS	DO NOT WIND	in pro
OTY-ST-ZIP LLEXANDRIA VA 223010			GN: 51-29 TILL	DO NOT WRITE IN THIS SPACE	
NAME Aprehanian, Ronald V STREET ADDRESS 9311 Cornwell Form Rd CITY-51-21P Break Falls, VA 2201010			MAME STREET ADORESS CITY - STRP		
TITLE D WIME Michael Greene STREET ADDRESS 299 For K AVE 34 th FL			EELE NAME STREET ADDRESS		
CITY-ST-ZIP New York, NY 10171  TITLE D  NAME MAX Hopper			CITY: ST: ZIP TITE: MAME		
STREET ADDRESS 1950 Stemmons Frecusary CITY-ST-ZIP TOXINS, TX 75207			STREET ADORESS CITY-ST+2IP		
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 Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.					
SIGNATURE: Shule Switch Shrife Shrife B. White 5/22/02 103 160-6677					