

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F94000003361

FILED
Apr 22, 2003
Secretary of State

Entity Name: DYNMERIDIAN CORPORATION

Current Principal Place of Business:

2000 EDMUND HALLEY DRIVE
RESTON, VA 201913436 US

New Principal Place of Business:

Current Mailing Address:

C/O TAX SERVICES
11710 PLAZA AMERICA DRIVE
RESTON, VA 20191436 US

New Mailing Address:

FEI Number: 54-1566721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATIONS SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

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: P () Delete
Name: COURTNEY, WILLIAM
Address: 6101 STEVENSON AVE
City-St-Zip: ALEXANDRIA, VA 22304

Title: V () Delete
Name: REICHARDT, DAVID L
Address: 2000 EDMUND HALLEY DRIVE
City-St-Zip: RESTON, VA 201913436

Title: S () Delete
Name: HOUGEN, H. MONTGOMERY
Address: 2000 EDMUND HALLEY DRIVE
City-St-Zip: RESTON, VA 201913436

Title: T () Delete
Name: GRAHAM, PAUL T
Address: 2000 EDMUND HALLEY DRIVE
City-St-Zip: RESTON, VA 201913436

Title: AVP () Delete
Name: IRELAND, JOHN P
Address: 2000 EDMUND HALLEY DRIVE
City-St-Zip: RESTON, VA 201913436

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
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: JOHN P IRELAND

AVP

04/22/2003

Electronic Signature of Signing Officer or Director

Date