2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000003477** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name RESOURCE LEASING CORPORATION 04-18-2000 90064 016 ***150.00 Mailing Address Principal Place of Business 397 HERNDON PKWY 397 HERNDON PKWY STE 5 HERNDON VA 20170-4821 HERNDON VA 20170 とくくしまひしょ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 54-1330935 Not Applicable Zin Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS ST** TALLAHASSEE FL 32301 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back)... ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **M** Addition SVPD ☐ Change TITLE Delete TITLE S. Gregory Contrell wistozki. Gordan NAME NAME 419 N. Oxford ST. STREET ADDRESS STREET ADDRESS 600 WATER ST SW CITY-ST-ZIP CITY-ST-ZIP Arlington, UA WASHINGTON DC 20024 ☐ Change X Addition TITLE TITLE ☐ Delete Kate Delano NICHOLS, WILLIAM A SR NAME NAME 6101 Kennedy Drive STREET ADDRESS STREET ADDRESS 4 CHOWDERS RIDGE chase, mp 20815 CITY-ST-ZIP CITY-ST-ZIP Cheur LAKE WYLIE SC Delete ☐ Change Addition TITLE TITLE GOROG, PETER M NAME NAME STREET ADDRESS 1283 AUBURN GROVE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RESTON VA 22094 ☐ Change ☐ Addition PD ☐ Delete TITLE TITLE NICHOLS, HENRY R NAME NAME STREET ADDRESS STREET ADDRESS 8456 HOLLY LEAF DRIVE CITY-ST-ZIP CITY-ST-ZIP MCLEAN VA 22102 TITLE ☐ Change ☐ Addition TITLE ☐ Delete á, MELTON, WILLIAM N. NAME NAME 2086 HUNTER CREST WAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VIENNA VA TITI F ☐ Change ☐ Addition Delete TITLE FURFINE, EARL M NAME NAME STREET ADDRESS STREET ADDRESS 6587 IRVIN COURT CITY-ST-ZIP ALEXANDRIA VA 22312

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 Block 12 if changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

IS Gregory Cottrell, Treas, 04/07/00 (203)925