

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000914

1. Entity Name

TECHNICAL DYNAMICS, INCORPORATED

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90423 043 \*\*\*158.75

Principal Place of Business

5580 PORT ROYAL RD  
SPRINGFIELD VA 33151-2300  
US

Mailing Address

5580 PORT ROYAL RD  
SPRINGFIELD VA 22151-2303  
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 **54-1205106**

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

HODGES, LOYD D  
10881 7TH AVE. GULF  
MARATHON FL 33050

Name Dupree, Toussaint

Street Address (P.O. Box Number is Not Acceptable)  
1270 73rd Street Ocean

City Marathon

**FL**

Zip Code  
33050

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

*Toussaint Dupree*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/00

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, 2000 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 V ☐ Delete  
NAME COHEN, MARTIN L  
STREET ADDRESS 8001 BRADDOCK RD.  
CITY-ST-ZIP SPRINGFIELD VA 22151

TITLE V ☒ Change ☐ Addition  
NAME Cohen, Martin L  
STREET ADDRESS 8110 Gatehouse Rd.  
CITY-ST-ZIP Falls Church, VA 22042

TITLE D ☐ Delete  
NAME MAGENHEIMER, RICHARD C  
STREET ADDRESS 8001 BRADDOCK RD.  
CITY-ST-ZIP SPRINGFIELD VA 22151

TITLE D ☒ Change ☐ Addition  
NAME Magenheimer, Richard C  
STREET ADDRESS 8110 Gatehouse Rd.  
CITY-ST-ZIP Falls Church, VA 22042

TITLE DCOO ☐ Delete  
NAME HELBRINGER, KATHY  
STREET ADDRESS 5580 PORT ROYAL RD  
CITY-ST-ZIP SPRINGFIELD VA

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

TITLE ☐ Delete  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

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

TITLE ☐ Delete  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

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

TITLE ☐ Delete  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

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

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 with an address, with all other like empowered.

SIGNATURE:

*Kathy Helbringer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00  
Date

703-978-1118  
Daytime Phone #

CR2E034 (9/99)