

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002962

1. Entity Name

MRJ GROUP, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90286 046 ***550.00

Principal Place of Business

Mailing Address

10560 ARROWHEAD DR.
FAIRFAX VA 22030-7305

10560 ARROWHEAD DR.
FAIRFAX VA 22030-7305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1084758

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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) ☒

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 C ☒ Delete
NAME DRIESSEN, J. KENNETH
STREET ADDRESS 1600 S EADS ST APT 408-S
CITY-ST-ZIP ARLINGTON VA 22202

TITLE Chief Executive Officer D ☐ Change ☒ Addition
NAME David Langstaff
STREET ADDRESS 2001 N. Beauregard St., #1200
CITY-ST-ZIP Alexandria, VA 22311-1732

TITLE D ☒ Delete
NAME HUFFSTUTLER, ROBERT M
STREET ADDRESS 1808 OLD MEADOW RD APT 108
CITY-ST-ZIP MCLEAN VA 22102

TITLE Chief Operating Officer D ☐ Change ☒ Addition
NAME Michael Farmer
STREET ADDRESS 2001 N. Beauregard St., #1200
CITY-ST-ZIP Alexandria, VA 22311-1732

TITLE D ☒ Delete
NAME KUSHNER, HARVEY D
STREET ADDRESS 5450 WHITLEY PARK TERR., UNIT 613
CITY-ST-ZIP BETHESDA MD 20814

TITLE Senior Vice President D ☐ Change ☒ Addition
NAME Katherine Snaveley
STREET ADDRESS 2001 N. Beauregard St., #1200
CITY-ST-ZIP Alexandria, VA 22311-1732

TITLE P ☐ Delete
NAME MCMAHON, EDWARD P
STREET ADDRESS 8224 INVERNESS HOLLOW TERRACE
CITY-ST-ZIP POTOMAC MD 20854

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

TITLE V ☐ Delete
NAME FARRELL, ROBERT M
STREET ADDRESS 11611 AUBURN GROVE COURT
CITY-ST-ZIP RESTON VA 22094

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

TITLE S ☒ Delete
NAME MILLIGAN, WILLIAM J
STREET ADDRESS 3304 SADDLESTONE COURT
CITY-ST-ZIP OAKTON VA 22124

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-2-00 (703) 385-0700

CR2E034 (9/99)