

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002962

1. Entity Name
MRJ GROUP, INC.

Principal Place of Business
10560 ARROWHEAD DR.
FAIRFAX VA 22030-7305

Mailing Address
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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

REINSTATEMENT

4. FEI Number

54-1084758

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

C.T. Corporation System

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

1200 S. Pine Island Road

City

Plantation

Zip Code 324

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)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	DRIESSEN, J. KENNETH	
STREET ADDRESS	1600 S EADS ST APT 408-S	
CITY-ST-ZIP	ARLINGTON VA 22202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUFFSTUTLER, ROBERT M	
STREET ADDRESS	1808 OLD MEADOW RD APT 108	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUSHNER, HARVEY D	
STREET ADDRESS	5450 WHITLEY PARK TERR., UNIT 613	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCAHON, EDWARD P	
STREET ADDRESS	8224 INVERNESS HOLLOW TERRACE	
CITY-ST-ZIP	POTOMAC MD 20854	
TITLE	V	<input type="checkbox"/> Delete
NAME	FARRELL, ROBERT M	
STREET ADDRESS	11611 AUBURN GROVE COURT	
CITY-ST-ZIP	RESTON VA 22094	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLIGAN, WILLIAM J	
STREET ADDRESS	3304 SADDLESTONE COURT	
CITY-ST-ZIP	OAKTON VA 22124	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Langstaff, David	
STREET ADDRESS	10560 Arrowhead Dr	
CITY-ST-ZIP	Fairfax VA 22030-7305	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Farmer, Michael D.	
STREET ADDRESS	10560 Arrowhead Dr.	
CITY-ST-ZIP	Fairfax VA 22030-7305	
TITLE	Sr. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen, James P.	
STREET ADDRESS	10560 Arrowhead Drive.	
CITY-ST-ZIP	Fairfax VA 22030-7305	
TITLE	Sr. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howe Sr., Gerald S.	
STREET ADDRESS	10560 Arrowhead Drive	
CITY-ST-ZIP	Fairfax VA 22030-7305	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seidler, Phyllis D.	
STREET ADDRESS	10560 Arrowhead Dr.	
CITY-ST-ZIP	Fairfax VA 22030-7305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert M. Farrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Farrell

Date

Daytime Phone #

APPROVED
AND
FILED

02 JUN 17 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (5/01)