2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2002 8:00 am Secretary of State **DOCUMENT #** F95000005382 1. Entity Name DIGNEY YORK ASSOCIATES, INC. 02-21-2002 90116 001 ***150.00 Principal Place of Business Mailing Address 1919 GALLOWS RD 1919 GALLOWS RD STE 950 STE 950 VIENNA VA 22182 VIENNA VA 22182 us US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1667066 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE Change ☐ Addition NAME WEISS, JAY S NAME STREET ADDRESS 1919 GALLOWS RD #950 STREET ADDRESS CITY-ST-ZIP VIENNA VA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME VERSTEEG, ANN M NAME STREET ADDRESS 1919 GALLOWS RD #950 STREET ADDRESS CITY-ST-ZIP VIENNA VA CITY-ST-ZIP TITLE V- man been been TITLE ☐ Delete Change ☐ Addition NAME CRONIN, KEVIN M NAME STREET ADDRESS STREET ADDRESS 1919 GALLOWS RD #950 CITY-ST-ZIP CITY-ST-ZIP Vienna va TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

JAG-AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay S. Weiss, Pres.

2/08/02

703-790-5281

Daytime Phone #