

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000000118**

1. Entity Name

COMSAT RSI MARYLAND, INC.**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90096 024 ***150.00

Principal Place of Business

Mailing Address

**1501 MORAN RD
STERLING VA 20166****1501 MORAN RD
STERLING VA 20166-9309**

2. Principal Place of Business

4825 RIVER GREEN PKWY

3. Mailing Address

2600 N LONGVIEW ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DULUTH GACity & State
KILGORE TX4. FEI Number
54-1735189Applied For
Not ApplicableZip
30096Country
USAZip
75662Country
USA5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 NAME STREET ADDRESS CITY-ST-ZIP	PD KANJIPE, GARY C/O 1501 MORAN ROAD DULLES VA 20166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANJIPE, GARY R. 609 S. NEW HOPE DR., STE. 2200A GASTONIA NC 28054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BACH, ANDREW C/O 1501 MORAN ROAD DULLES VA 20166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BACH, ANDREW R. 609 S. NEW HOPE DR., STE. 200A GASTONIA NC 28054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIEGEL, HAROLD ARYA 1501 MORAN RD STERLING VA	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHOEMAKE, MARVIN 609 S. NEW HOPE DR., STE. 200A GASTONIA NC 28054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIEGEL, HAROLD ARYA C/O 1501 MORAN ROAD DULLES VA 20166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

704-854-8368

Daytime Phone #

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