

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90128 002 ***150.00

DOCUMENT # F96000001888

1. Entity Name

DAO SERVICES, INC.

Principal Place of Business

Mailing Address

**7500 GREENWAY CENTER DRIVE
16TH FLOOR
GREENBELT MD 20770****7500 GREENWAY CENTER DRIVE
16TH FLOOR
GREENBELT MD 20770-3502**

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

52-1366345

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

Name

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

City

FL

Zip Code

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 State10. 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 | <input type="checkbox"/> Delete |
|-------|-------------------------|----------------------------|-------------------------|---------------------------------|
| PD | PRATT, GREGORY | 7500 GREENWAY CENTER DRIVE | GREENBELT MD 20770-0750 | <input type="checkbox"/> |
| VPD | HAZELL, CHRISTINE | 7500 GREENWAY CENTER DRIVE | GREENBELT MD 20770-0750 | <input type="checkbox"/> |
| VPCF | FOX, JEFF | 7500 GREENWAY CENTER DRIVE | GREENBELT MD 20770-0750 | <input type="checkbox"/> |
| D | DUCANES, A. CHRISTOPHER | 7500 GREENWAY CENTER DRIVE | GREENBELT MD 20770-0750 | <input type="checkbox"/> |
| D | ROSS, DONALD | 7500 GREENWAY CENTER DRIVE | GREENBELT MD 20770 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

CR2E034 (9/99)

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 #

Michael G. Gualler Controller 2/23/00

301-486-0400