

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002221

1. Entity Name

BEST SOFTWARE, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90070 048 ***150.00

Principal Place of Business

Mailing Address

11413 ISAAC NEWTON SQ
RESTON VA 20190
US

11413 ISAAC NEWTON SQ
RESTON VA 20190-5005
US

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

54-1222526

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ Delete
NAME C
STREET ADDRESS PETERSEN, JAMES
CITY-ST-ZIP 8034 GALLA KNOLLS CIR
SPRINGFIELD VA

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS DAVENPORT, TIMOTHY A
CITY-ST-ZIP 801 LEIGH MILL RD
GREAT FALLS VA 22066

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BRINBERG, HERBERT
CITY-ST-ZIP 145 E. 48TH ST, SUITE 22C
NEW YORK NY 10017

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MARTINSON, JOHN
CITY-ST-ZIP 997 LENOX DR #3
LAWRENCEVILLE NJ 08648

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

TITLE ☒ Delete
NAME VT
STREET ADDRESS BOSSERMAN, DAVID N
CITY-ST-ZIP 19115 GREEN FOX CIRCLE
LEESBURG VA 20175

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

TITLE ☐ Delete
NAME S
STREET ADDRESS REBACK, SHELLEY
CITY-ST-ZIP 7516 SEBAGO RD
BETHESDA MD 20817

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:

SHELLEY REBACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHELLEY REBACK

2/7/00

Date

703-709-5200

Daytime Phone #

CR2E034 (9/99)