

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002508

1. Entity Name

CAPITAL ONE SERVICES, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2980 FAIRVIEW PARK DR., #1300 2980 FAIRVIEW PARK DR., #1300
FALLS CHURCH VA 22042 FALLS CHURCH VA 22042-4525

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 54-1780389 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 DCEO
NAME FAIRBANK, RICHARD D
STREET ADDRESS 2980 FAIRVIEW PARK DR., #1300
CITY-ST-ZIP FALLS CHURCH VA 22042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003114264--5
-01/28/00--01042--025
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE DPCO
NAME MORRIS, NIGEL W
STREET ADDRESS 2980 FAIRVIEW PARK DR., #1300
CITY-ST-ZIP FALLS CHURCH VA 22042 ☐ Delete

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

TITLE SVPT
NAME WILLEY, DAVID M
STREET ADDRESS 2980 FAIRVIEW PARK DRIVE, STE. 1300
CITY-ST-ZIP FALLS CHURCH VA 22042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Corporate Financial Mngmt. ☐ Change ☒ Addition

TITLE VS
NAME FINNERAN, JOHN G JR
STREET ADDRESS 2980 FAIRVIEW PARK DR., #1300
CITY-ST-ZIP FALLS CHURCH VA 22042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Senior VP, General Counsel & Corporate Secretary ☒ Change ☐ Addition

TITLE SVP
NAME COOPER, MATTHEW J
STREET ADDRESS 2980 FAIRVIEW PARK DR., #1300
CITY-ST-ZIP FALLS CHURCH VA 22042 ☐ Delete

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

TITLE SVP
NAME DONEHEY, JAMES P
STREET ADDRESS 2980 FAIRVIEW PARK DR., #1300
CITY-ST-ZIP FALLS CHURCH VA 22042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Chief Information Officer ☐ 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)(f), 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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

1/11/00

703-205-1030

Date

Daytime Phone #

KE