

# 2002 UNIFORM BUSINESS REPORT (UBR)

05/8887 AT

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FILED

02 APR 29 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # F96000002508

1. Entity Name  
CAPITAL ONE SERVICES, INC.

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

Mailing Address  
2980 FAIRVIEW PARK DR., #1300  
FALLS CHURCH VA 22042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 54-1780389

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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, 2002 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	DCEO FAIRBANK, RICHARD D 2980 FAIRVIEW PARK DR., #1300 FALLS CHURCH VA 22042	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO MORRIS, NIGEL W 2980 FAIRVIEW PARK DR., #1300 FALLS CHURCH VA 22042	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF WILLEY, DAVID M 2980 FAIRVIEW PARK DRIVE, STE. 1300 FALLS CHURCH VA 22042	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVGS FINNERAN, JOHN G JR 2980 FAIRVIEW PARK DR., #1300 FALLS CHURCH VA 22042	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS BOERCHERT, FRANK R III 2980 FAIRVIEW PARK DR., #1300 FALLS CHURCH VA 22042	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVHR LIBERSON, DENNIS H 2980 FAIRVIEW PARK DR., #1300 FALLS CHURCH VA 22042	<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	600005368535 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Frank R. Borchert, III 2980 Fairview Park Dr., #1300 Falls Church, VA 22042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: Frank R. Borchert, III 4/24/02 (703) 875-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)



282

ACCOUNT NO. : 072100000032

REFERENCE : 549462 129801A

AUTHORIZATION : *Patricia Piquero*

COST LIMIT : \$ 150.00

ORDER DATE : April 25, 2002

ORDER TIME : 9:51 AM

ORDER NO. : 549462-050

CUSTOMER NO: 129801A

CUSTOMER: Ms. Kathleen Blazek  
Capital One Financial  
8000 Jones Branch Drive  
12061-0350  
Mc Lean, VA 22102

ANNUAL REPORT FILING

NAME: CAPITAL ONE SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER INITIALS

RECEIVED

TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
EXT 1133

02 APR 29 AM 11:45