

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-17-2001 90389 006 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002755

1. Entity Name

TECHNICAL AND MANAGEMENT ASSISTANCE, INC.

Principal Place of Business

1416 N. MAIN ST.
 PLEASANTVILLE NJ 08232

Mailing Address

4800 HAMPODEN LANE
 SUITE 1200
 BETHESDA MD 20814

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 **22-2717278**

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, 2001 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 **CEO** ☒ Delete
 NAME **BELFORD, PETER C**
 STREET ADDRESS **1416 N. MAIN ST.**
 CITY-ST-ZIP **PLEASANTVILLE NJ**

TITLE **ALBERT F. MYCIS** ☐ Change ☒ Addition
 NAME **ALBERT F. MYCIS**
 STREET ADDRESS **4800 Hampden Ln #200 P, D**
 CITY-ST-ZIP **Bethesda, MD 20814**

TITLE **V** ☒ Delete
 NAME **HEADLEY, MICHAEL K**
 STREET ADDRESS **1416 N. MAIN ST.**
 CITY-ST-ZIP **PLEASANTVILLE NJ**

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

TITLE **VP** ☐ Delete
 NAME **DEAN, JAMES M**
 STREET ADDRESS **4800 HAMPODEN LN, SUITE 1200**
 CITY-ST-ZIP **BETHESDA MD 20814**

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

TITLE **P** ☒ Delete
 NAME **FRISBIE, FRANK L**
 STREET ADDRESS **1416 N. MAIN ST.**
 CITY-ST-ZIP **PLEASANTVILLE NJ**

TITLE **PAUL TALTAVULL** ☐ Change ☒ Addition
 NAME **PAUL TALTAVULL**
 STREET ADDRESS **4800 Hampden Ln #200 VP**
 CITY-ST-ZIP **Bethesda, MD 20814**

TITLE **TD** ☒ Delete
 NAME **SCHWEGLER, JAMES**
 STREET ADDRESS **1416 N. MAIN ST.**
 CITY-ST-ZIP **PLEASANTVILLE NJ 08232**

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

TITLE **VP** ☒ Delete
 NAME **STERLING, PHILIPS**
 STREET ADDRESS **1416 N. MAIN ST.**
 CITY-ST-ZIP **PLEASANTVILLE NJ**

TITLE **STEPHEN C. MOVINS** ☐ Change ☒ Addition
 NAME **STEPHEN C. MOVINS**
 STREET ADDRESS **4800 Hampden Ln #200 VP**
 CITY-ST-ZIP **Bethesda, MD 20814**

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

4/25/01 301 961 0625

Date

Daytime Phone #

CR2E034 (10/00)