PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003166 1. Corporation Name

DMC SUBSIDIARY, INC.

1999

Principal Place of Business

2. Principal Place of Business

Mailing Address

6564 LOISDALE CT #500 SPRINGFIELD VA 22150

Suite, Apt. #, etc.

City & State

21

22

23

6564 LOISDALE CT #500 SPRINGFIELD VA 22150

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90166 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

06/21/1996

54-1765241

4. FEI Number

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 81	Zip	Country	Zip	(Country		This corporation owes the cur		<u>ا</u> ہہ	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 82 Street Address (P.O. Box Number is Not Acceptable) 13 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the adversary of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the adversary of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the adversary of the appointment of the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and smillar with, and accept the obligations of, Section 807.0505, Florida Statutes, the adversary of the appointment as registered agent, and smillar with, and accept the obligations of, Section 807.0505, Florida Statutes, the adversary of the appointment as registered agent, are followed by the corporation submits this statement for the purpose of changing its registered agent, and the purpose of changing its registered agent	24	25	29	30					DE No	
CORPORATION SERVICE COMPANY 1201 HAY'S STREET TALLAHASSEE FI. 32301-2525 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 807 0502 and 807 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 807 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 807 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 807 0505, Florida Statutes, and accept the obligations of, Section 807 0505, Florida Statutes. SIGNATURE SIGNATURE OC OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OC OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OC OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS CALL LO STATE COURT #500 14. STREET ADDRESS CALL LO STATE COURT #500 15. STREET ADDRESS CALL LO STATE COURT #500 16. STREET ADDRESS CALL LO STATE COURT #500 17. STATE CALL LO STATE COURT #500 18. STREET ADDRESS CALL LO STATE CALL COURT #500 19. STREET ADDRESS CALL LO STATE CALL CALL CALL CALL CALL CALL CALL CAL	Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
1201 HAY'S STREET 12301-2525 184 City						Name				
11. Pursuant to the provisions of Sections 607,0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE DC OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WAN CLIEF, DOUGLAS STREET ADDRESS 5694 LOISDALE CT #500 13. STREET ADDRESS 5694 LOISDALE CT #500 14. CTV-51-2P PWILKS, JAMES E 12. NAME 14. CTV-51-2P CPOT DELETE 21. TITLE CPOT 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CTV-51-2P Change PARGISTON 15. TITLE PRESS N. DOT THE PROVINGES COLUMN TO THE PROVINGES COLUMN T	CORPORATION SERVICE COMPANY					Stroot	Address (P.O. Box Number is Not Accen	table)		
B4 City FL 85 Zip Code	1201 HAYS STREET				02	Suest	Address (F.O. Box Number is Not Accep-	taoloj	-	
T. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. (NOTE Registered Agent algorithm required when reinstang) DELETE 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered	TALLAHASSEE FL 32301-2525				83					
T. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. (NOTE Registered Agent algorithm required when reinstang) DELETE 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered Agent algorithm required when reinstang) DOT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (NOTE Registered					\Box					
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 3pyraure, typed or printed name of negistered agent and 50s if applicable. (POTE: Registered Agent algumane required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME VAN CLIEF, DOUGLAS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. MAME 12. MAME 12. MAME 12. MAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CRTV.ST.2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. CRTV.ST.2P 16. CRTV.ST.2P 17. MAME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND					84	City		FI 85 Zip	Code	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the approximent as registered agent, an affamiliar with, and accept the obligations of, Section 607.0505, Florida Statute. Signature in a familiar with, and accept the obligations of, Section 607.0505, Florida Statute. Time	11 Durayant t	to the provisions of Sections 607 0502	and 607 1508 Flo	rida Statutes th	e above-	named	compration submits this statement for the	e numose of changing it	s registered	
SIGNATURE Signature Speed or printed name of registered Agent and 156 if applicable (NOTE Registered Agent algorithms recovered when relinations) DATE	office or re	egistered agent, or both, in the State of	Florida, Such cha	nge was authori	ized by th	те согра	oration's board of directors. I hereby acce	ept the appointment as r	egistered	
Signature, typed or printed rampe of registered agent and till displacation. NOTE Registered Agent alignature required when inclinating) DATE	agent. I ar	m familiar with, and accept the obligation	ns of, Section 607	'.0505, Florida S	Statutes.				į	
12.	SIGNATURE							DATE	}	
TITLE DC DELETE 11TITLE PRESIDENT Change PASSISION CITY-ST-ZIP SPRINGFIELD VA DELETE 21TITLE PRESIDENT SEED ADDRESS CITY-ST-ZIP PRINGFIELD VA DELETE 31 TITLE PRESIDENT SEED ADDRESS CITY-ST-ZIP SPRINGFIELD VA DELETE 31 TITLE PRESIDENT DELETE ADDRESS CITY-ST-ZIP SPRINGFIELD VA DELETE ADDRESS CITY-ST-ZIP DELETE ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELETE ADDRESS CITY-ST-ZIP DELETE STITLE CITY-ST-ZIP ADDRESS CITY-ST-ZIP						signature n			ORS IN 12	
NAME VAN CLIEF, DOUGLAS 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP							, , , ,			
STREET ADDRESS SF64 LOISDALE CT #500			Ц				THOUGH AS I KUBHNE		E 1, 120 10011	
CITY-ST-ZP SPRINGFIELD VA	NAME	•				ì	ARILL CONCLUSE OF THE	# COD	İ	
TITLE P OPELETE 21 TITLE OPERATIONESS 6564 LOISDALE CT #500 2.3 STREET ADDRESS CITY-ST-ZIP SPRINGFIELD VA 2.4 CITY-ST-ZIP OPELETE 3.1 TITLE OPELETE 3.1 TITLE OPELETE 3.2 TITLE OPELETE 3.2 TITLE OPELETE 3.3 STREET ADDRESS CITY-ST-ZIP OPELETE 4.1 TITLE OPELETE 4.1 TITLE OPELETE 4.1 TITLE OPELETE 4.2 NAME ADDRESS CITY-ST-ZIP OPELETE 4.3 STREET ADDRESS OPELETE 4.3 STREET ADDRESS OPELETE 5.3 STREET ADDRESS OPELETE 6.3 STREET ADDRESS OPELETE	STREET ADDRESS			1	L3 STREET A	ADDRESS				
WILKS, JAMES E 22 NAME STREET ADDRESS 6564 LOISDALE CT #500 2.3 STREET ADDRESS CITY-ST-ZIP CFOT	CITY-ST-ZIP					Z/P	STRIPOTICES VA DI			
STREET ADDRESS SPRINGFIELD VA 2.3 STREET ADDRESS CITY-ST-ZIP CFOT	TITLE	P	>	DELETE 2	2.1 TITLE	l		∐ Change	☐ Addition	
CITY-ST-ZIP SPRINGFIELD VA 2.4 CITY-ST-ZIP Change Addition Addi	NAME	WILKS, JAMES E		2	2.2 NAME					
TITLE	STREET ADDRESS	6564 LOISDALE CT #500		2	2.3 STREET A	ADDRESS				
TITLE	CITY-ST-ZIP	SPRINGFIELD VA		2	2.4 CITY-ST	-ZIP				
NAME STREET ADDRESS SFRINGFIELD VA 22150 STREET ADDRESS STREET A	TITLE			DELETE 3	3.1 TITLE			☐ Change	☐ Addition	
STREET ADDRESS SPRINGFIELD VA 22150 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE Change Addition A	NAME			3	3.2 NAME					
SPRINGFIELD VA 22150 3.4. CITY-ST-ZIP	STREET ADDRESS	· ,		3	3.3 STREET A	DORESS				
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME 6.1 TITLE CANAME CANAME CANAME CITY-ST-ZIP CANAME CITY-ST-ZIP CANAME CITY-ST-ZIP				3	A CITY-ST	-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP		OF MILTON FEED OF EELOO				Ξ'		☐ Change	☐ Addition	
STREET ADDRESS				4	. 2 NAME				İ	
A CITY-ST-ZIP	. –				3 STREET A	ADORESS				
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP										
NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TO BELETE 6.1 TITLE NAME STREET ADDRESS CITY- ST-ZIP 6.2 NAME STREET ADDRESS CITY- ST-ZIP 6.4 CITY- ST-ZIP			П			ZIF		Change	Addition	
STREET ADDRESS			_							
						ADDRESS				
DELETE G.1 TITLE Change Addition										
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP								[] Channe	Addition	
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	ł		Ц	DECENE				Gliange	[_] Facilion	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME								}	
G11-31-2IF	STREET ADDRESS									

annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an annual report as required by Chapter 607, Florida Statutes; and that my name appears in imen with a process, with all other like empowered. indicated on this annual report or su officer or director of the corpora in Block 12 or Block 13 if changed, or

SIGNATURE:

702 Paytime Phone #

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable