

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90116 011 ***150.00

DOCUMENT # F96000003166

1. Entity Name
DMC SUBSIDIARY, INC.

Principal Place of Business Mailing Address
6564 LOISDALE CT #500 **6564 LOISDALE CT #500**
SPRINGFIELD VA 22150 **SPRINGFIELD VA 22150-1812**

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 **54-1765241** Applied For
 Not Applicable

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

C0063590



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	DC VAN CLIEF, DOUGLAS 6564 LOISDALE CT #500 SPRINGFIELD VA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARK N. KOZAK 6564 LOISDALE COURT, SUITE 500 SPRINGFIELD, VA 22150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUEHNE, THOMAS L 6564 LOISDALE CT #500 SPRINGFIELD VA 33150 <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	CFOT TOLLESON, FRED 6564 LOISDALE CT #500 SPRINGFIELD VA 22150 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAJEEV KUMAR 6564 LOISDALE COURT, SUITE 500 SPRINGFIELD, VA 22150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIANE L. ROTHMAN 6564 LOISDALE COURT, SUITE 500 SPRINGFIELD, VA 22150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	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: Thomas L. Kuehne **4-7-00** **703-922-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #