

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003166

1. Entity Name

DMC SUBSIDIARY, INC.

Principal Place of Business

Mailing Address

6564 LOISDALE CT #500
SPRINGFIELD VA 22150

6564 LOISDALE CT #500
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

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	DC	<input checked="" type="checkbox"/> Delete
NAME	VAN CLIEF, DOUGLAS	
STREET ADDRESS	6564 LOISDALE CT #500	
CITY-ST-ZIP	SPRINGFIELD VA	
TITLE	P	<input type="checkbox"/> Delete
NAME	KUEHNE, THOMAS L	
STREET ADDRESS	6564 LOISDALE CT #500	
CITY-ST-ZIP	SPRINGFIELD VA 33150	
TITLE	CFOT	<input checked="" type="checkbox"/> Delete
NAME	TOLLESON, FRED	
STREET ADDRESS	6564 LOISDALE CT #500	
CITY-ST-ZIP	SPRINGFIELD VA 22150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CHAIRMAN & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK N. KOZAK	
STREET ADDRESS	6564 LOISDALE COURT, SUITE 500	
CITY-ST-ZIP	SPRINGFIELD, VA 22150	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAJEEV KUMAR	
STREET ADDRESS	6564 LOISDALE COURT, SUITE 500	
CITY-ST-ZIP	SPRINGFIELD, VA 22150	
TITLE	ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE L. ROTHMAN	
STREET ADDRESS	6564 LOISDALE COURT, SUITE 500	
CITY-ST-ZIP	SPRINGFIELD, VA 22150	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4-7-00

703-922-5000

Date

Daytime Phone #

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

04-17-2000 90116 011 ***150.00

C0063590



DO NOT WRITE IN THIS SPACE