

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**  
 04-05-2001 90452 039 \*\*\*150.00

**DOCUMENT #** F96000004195

1. Entity Name

MILLSSERVICES CORP. ✓

Principal Place of Business

1300 WILSON BLVD. #400  
 ARLINGTON, VA 22209

Mailing Address

(SAME)

2. Principal Place of Business

(SAME)

Suite, Apt. #, etc.

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1873443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**C0042811**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FLORIDA 33324

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, 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

|                                                |                                                                                                                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CHAIRMAN AND DIRECTOR <input type="checkbox"/> Delete<br>LAURENCE C. SIEGEL<br>1300 WILSON BLVD. #400<br>ARLINGTON, VA 22209               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT AND DIRECTOR <input type="checkbox"/> Delete<br>PETER B. MCMILLAN<br>1300 WILSON BLVD. #400<br>ARLINGTON, VA 22209               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EXECUTIVE VICE PRESIDENT AND SECRETARY <input type="checkbox"/> Delete<br>THOMAS E. FROST<br>1300 WILSON BLVD. #400<br>ARLINGTON, VA 22209 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SENIOR VICE PRESIDENT AND TREASURER <input type="checkbox"/> Delete<br>D. GREGORY NEEB<br>1300 WILSON BLVD. #400<br>ARLINGTON, VA 22209    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 E. Frost*  
 THOMAS E. FROST, EXECUTIVE VICE PRESIDENT OF MILLSSERVICES CORP.

4.2.01 (703)526-5000

Daytime Phone #

CR2E034 (11/00)