2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am Secretary of State DOCUMENT # F96000004195 1. Entity Name 03-13-2002 90125 019 ***150.00 MILLSSERVICES CORP Principal Place of Business Mailing Address 1300 WILSON BLVD #400 1300 WILSON BLVD #400 ARLINGTON VA 22209 ARLINGTON VA 22209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-1873443 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE TITLE ☐ Change ☐ Addition COBD Delete SIEGEL, LAURENCE C NAME STREET ADDRESS STREET ADDRESS 1300 WILSON BLVD #400 CITY-ST-ZIP **ARLINGTON VA 22209** CITY-ST-ZIP XX Delete TITLE Change ■ Addition TITLE NAME NAME MCMILLAN, PETER B STREET ADDRESS STREET ADDRESS 1300 WILSON BLVD #400 CITY-ST-ZIP ARLINGTON VA 22209 CITY-ST-ZIP TITLE: ☐ Delete TITLE EVP, SECRETARY AND DIRECTOR □ Change Addition NAME FROST, THOMAS E D NAME STREET ADDRESS STREET ADDRESS 1300 WILSON BLVD #400 CITY-ST-ZIP CITY-ST-ZIP arlington va 22209 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME PARENT, KENNETH R STREET ADDRESS STREET ADDRESS 1300 WILSON'BLVD #400 CITY-ST-ZIP CITY-ST-ZIP ARLINGTON VA 22209 ☐ Delete ☐ Change Addition NAME NEEB, D. G NAME STREET ADDRESS STREET ADDRESS 1300 WILSON BLVD #400 CITY-ST-7IP ARLINGTON VA 22209 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 empower

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