

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006364

1. Entity Name

SYLVEST MANAGEMENT SYSTEMS CORPORATION



FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90025 026 ***550.00

Principal Place of Business

10001 DEREKWOOD LN SUITE 225
 LANHAM MD 20706

Mailing Address

% FDC
 4800 HAMPDEN LN. #1200
 BETHESDA MA 20814

2. Principal Place of Business

7501 GREENBELT CTN

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREENBELT

City & State

Zip

Country

20770

WA

Zip

Country

4. FEI Number

52-1550631

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
 PD
 MARREN, HARRY T
 4800 HAMPDEN LN., STE 1200
 BETHESDA MD 20814 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VS
 HOLT, ALLAN M
 4800 HAMPDEN LN., STE 1200
 BETHESDA MD 20814 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VT
 DEAN, JAMES M
 4800 HAMPDEN LN., STE 1200
 BETHESDA MD 20814 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 CLARE, PETER J
 4800 HAMPDEN LN., STE 1200
 BETHESDA MD 20814 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CD
 YOUNG, DANIEL R
 4800 HAMPDEN LN., STE 1200
 BETHESDA MD 20814 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/00
 Date

301 961 0629
 Daytime Phone #

CR2E034 (5/00)