

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90098 010 ***150.00

DOCUMENT # F97000002092

1. Entity Name
VISTA TECHNOLOGY SERVICES, INC.

Principal Place of Business
2195 FOX MILL RD 13450 Sunrise Valley Dr.
200
HERNDON VA 20171
US

Mailing Address
2195 FOX MILL RD 13450 Sunrise Valley Dr.
200
HERNDON VA 20171
US



2. Principal Place of Business
13450 Sunrise Valley Dr.
 Suite, Apt. #, etc.
Suite 200
 City & State
Herndon VA
 Zip
20171
 Country
USA

3. Mailing Address
13450 Sunrise Valley Dr.
 Suite, Apt. #, etc.
Suite 200
 City & State
Herndon VA
 Zip
20171
 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **54-1832734**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 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 _____ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD DUGGAN, JAMES H. 2195 FOX MILL RD HERNDON VA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD CANFIELD, PHILIP 2195 FOX MILL RD 13450 Sunrise Valley Dr. HERNDON VA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUNER, BRUCE V 2195 FOX MILL RD 13450 Sunrise Valley Dr. HERNDON VA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCOTT, DUNLON K 2195 FOX MILL RD HERNDON VA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLACE, STEPHEN G 2195 FOX MILL RD 13450 Sunrise Valley Dr. HERNDON VA 20171 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LICATA, PETER J 2195 FOX MILL RD 13450 Sunrise Valley Dr. HERNDON VA 20191 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Malcolm Clarke Assistant Secretary 13450 Sunrise Valley Dr. Herndon, VA 20171 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: **Malcolm Clarke**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02 **703 430-7**
 Date Daytime Phone #

CR2E034 (9/01)