

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90006 028 ***550.00

DOCUMENT # F97000002256

1. Entity Name
DELEX SYSTEMS, INCORPORATED

Principal Place of Business
 1953 GALLOWS ROAD STE 700
 VIENNA VA 22182-3991

Mailing Address
 1953 GALLOWS ROAD STE 700
 VIENNA VA 22182-3991

AU072043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-0836954**

Applied For
 Not Applicable

Zip Country

Zip Country

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

MATTHEWS, TIM
3505 LAKE LYNDA DRIVE
SUITE 103
ORLANDO FL 32817

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 \$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	C	<input type="checkbox"/> Delete
NAME	PIPER, H L	
STREET ADDRESS	2609 STIRRUP LANE	
CITY-ST-ZIP	ALEXANDRIA VA 22308	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUNEY, REUEL O III	
STREET ADDRESS	4737 34TH ST	
CITY-ST-ZIP	ARLINGTON VA 22207	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHELTON, PAUL J	
STREET ADDRESS	11000 OAKTON WOODS WAY	
CITY-ST-ZIP	OAKTON VA 22124	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENSING, DONALD R	
STREET ADDRESS	3014 HARITAGE FARM COURT	
CITY-ST-ZIP	HERNDON VA 22071	
TITLE	D	<input type="checkbox"/> Delete
NAME	BESTE, FREDERICK J III	
STREET ADDRESS	1191 JACOBSBURG RD	
CITY-ST-ZIP	WIND GAP PA 18091	
TITLE	P	<input type="checkbox"/> Delete
NAME	DRISCOLL, EDMUND F II	
STREET ADDRESS	1500 LINCOLN CIR, #213	
CITY-ST-ZIP	MCLEAU VA 22102	

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	
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	
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: *Donald R. Bensing*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/11/00** Daytime Phone # **703-734-8300**

CR2E034 (5/00)