

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90029 007 \*\*\*150.00

DOCUMENT # F97000002268

1. Corporation Name

NATIONS, INC.

Principal Place of Business

3877 Fairfax Ridge Road #4830  
Fairfax, VA 22030-7448

Mailing Address

788 Shrewsbury Avenue  
Tinton Falls, NJ 07724-3080

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/97

4. FEI Number

22-2384714

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.  
1C79

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President, Chairman, ☐ DELETE

NAME Director  
Bersoff, Edward H.  
STREET ADDRESS 3877 Fairfax Ridge Road  
CITY-ST-ZIP Fairfax, VA 22030

1.1 TITLE P/CEO/D ☒ Change ☐ Addition

1.2 NAME BERSOFF, EDWARD H.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE Secretary ☐ DELETE

NAME Bersoff, Marilynn D.  
STREET ADDRESS 3877 Fairfax Ridge Road  
CITY-ST-ZIP Fairfax, VA 22030

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE Vice President ☐ DELETE

NAME Vicharello, Margaret  
STREET ADDRESS 788 Shrewsbury Avenue  
CITY-ST-ZIP Tinton Falls, NJ 07724-3080

3.1 TITLE CFO ☒ Change ☐ Addition

3.2 NAME VICHARELLO, MARGARET

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE Treasurer ☐ DELETE

NAME Bintzler, Julie M.  
STREET ADDRESS 3877 Fairfax Ridge Road  
CITY-ST-ZIP Fairfax, VA 22030

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marilynn D. Bersoff* Marilynn D. Bersoff

4/20/99

(703) 383-6516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)