## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2001 8:00 am Secretary of State DOCUMENT # F9700002268 1. Entity Name NATIONS, INC. 5-03-2001 90998 039 \*\*\*150.00 Principal Place of Business Mailing Address 3877 FAIRFAX RIDGE ROAD 3877 FAIRFAX RIDGE ROAD C0059499 #4830 #4830 FAIRFAX VA 22030-7448 FAIRFAX VA 22030-7448 2. Principal Place of Business 3. Mailing Address 3877 Fairfax Ridge Road 3877 Fairfax Ridge Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1079 1C79 City & State City & State Applied For 4. FEI Number 22-2384714 Fairfax, Fairfax, Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 22030-7448 22030-7448 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PDCE ☐ Delete CR2E034 (10/00) TITLE TITLE ☐ Change ☐ Addition BERSOFF, EDWARD H NAME NAME STREET ADDRESS 3877 FAIRFAX RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FAIRFAX VA 22030 ☐ Delete TITLE Change ☐ Addition TITI F BERSOFF, MARILYNN D NAME NAME STREET ADDRESS 3877 FAIRFAX RIDGE ROAD STREET ADDRESS CITY-ST-ZIP FAIRFAX VA 22030 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE VICHARELLO, MARGARET NAME NAME STREET ADDRESS 788 SHREWSBURY AVE. STREET ADDRESS CITY-ST-ZIP TINTON FALLS NJ 07724-3080 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME BINTZLER, JULIE M NAME 3877 FAIRFAX RIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FAIRFAX VA 22030 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

Marilyn D. Ser Shing OFFICE
ASIGNATURE ASIGNATURE ASIGNATOR SUBTING OFFICE

4/27/07

(703) 383-6516

Daytime Phone #

**FILED**