

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90104 012 ***150.00

AU024833

DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000004768

1. Entity Name

GLOBAL SYSTEMS INTERNATIONAL OF VIRGINIA, INC.

Principal Place of Business 666 W. 39TH STREET NORFOLK VA 23508	Mailing Address 865 W. 39TH STREET NORFOLK VA 23508-2617
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1863849	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 <table border="1"><tr><td>Name</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr><tr><td>City</td></tr><tr><td>FL Zip Code</td></tr></table>	Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL Zip Code
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCT	TITLE	
NAME	MCMANUS, TRACEY K	NAME	
STREET ADDRESS	865 W. 39TH STREET	STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23508	CITY-ST-ZIP	
TITLE	VSVC	TITLE	
NAME	RANDALL, TODD	NAME	
STREET ADDRESS	865 W. 39TH STREET	STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23508	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: Tracey K. McManus - President	Date: 2/23/00	Daytime Phone #: 757-440-7737
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CR2E034 (9/99)