2002 UNIFORM BUSINESS REPORT (UBR)

F9800000558

DOCUMENT # 1. Entity Name

NXLD COMPANY

Principal	Place o	f Busin	ess

2711 CENTERVILLE RD

STE. 400 WILMINGTON DE 19808 Mailing Address

2711 CENTERVILLE RD

STE 400

WHEMINGTON DE 19808



FILED

2. Principal Place of Business	3. Mailing Address			T SOURCE OF THE FULDY ENGIN MONTH WORLD WHILE BOREN MARINE DOESNE MITTAL METER METER COMP			
2001 EDMUND HALLEY DR.	2001 EDMUND	HALLEY	DR.				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	City & State		Α	FEI Number		Applied For	
RESTON, VA	RESTON, VI			52-2072853		Not Applicable	
Zip Country 20191 USA	Zip 20191	Country	A 5.	Certificate of Status Desired	□ \$8.75 Fee Req	Additional juired	
6. Name and Address of Current				7. Name and Address of New Registered Agent			
o. Hallo dia Addioso di Galloni		N	ame	-			
CORPORATION SERVICE COMPANY							
1201 HAYS STREET			eet Address (P.O. Box Number is Not Acceptable)				
ETALLAHASSEE FL 32301-2525							
: IALLANASSEE FL 32301-2323			<u></u>				
		C	ty		FL Zip (Code	
8. The above named entity submits this statement for	r the purpose of changing its	registered of	fice or registered a	gent, or both, in the State of Flori	da.		
6. The above named entity subtritis this statement to	ir the purpose of changing its	s registered of	nce or registered a	gent, or boar, in the state or have			
						ļ	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered Age	nt signature required when	reinstating)	DATE	 }	
		10	1450.00	<u> </u>	<u></u> ,		
9. This corporation is eligible to satisfy its Intangible	· · · · · · · · · · · · · · · · · · ·	III FEE IS	`	10. Election Campaign Final		5.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)	After May 1, 20 Make Check Paya			Trust Fund Contribution.	. L Ad	dded to Fees	
				DDITIONS (OLIANISES TO OFFIC	SERO AND DIRECT	FORS IN 11	
11. OFFICERS AND		12.		DDITIONS/CHANGES TO OFFIC			
TITLE VD TREE CO. T. C.	Delete	TITLE			🔀 Char	ige Addition	
NAME LEN KENNEDY	`	NAME STREET AD	DDCCC 2.001 F	EDMUND HALLEY DR		1	
STREET ADDRESS 2711 CENTERVILLE RD. STE 400 CITY-ST-ZIP WILMINGTON DE 19808	J	CITY-ST-Z					
		_	K ES TO	n. VA 20191		nge Addition	
TITLE SD ***	☐ Delete	TITLE			Char Char	· Addition	
NAME HILL, CHRISTIE		NAME STREET AD	neces nani E	DAUND HALLEY DR.			
STREET ADDRESS 2711 CENTERVILLE RD STE 400 CITY-ST-ZIP WILMINGTON DE 19808	,	CITY-ST-2	1				
				, UA 2019 SISTANT TREASUREY	☐ Char	nge Addition	
TITLE VPCF	Delete	TITLE NAME		RD LINDAHL	E Cilai	Addition	
NAME BRITTMAN, JOHN STREET ADDRESS 2711 CENTERVILLE RD. STE 404	n	STREET AD	DRESS	AD LINDING	DR	į	
CITY-ST-ZIP WILMINGTON DE 19808	U	CITY-ST-7	P 2001	EDMUND HALLEY	* ***,		
1.00	□ Delete	TITLE	KEJIV	7.7 971 <u>2011</u>	⊠ Char	nge Addition	
NAME DAVIS, BRAIN	L Delete	NAME		•			
STREET ADDRESS 2711 CENTERVILLE RD STE 400	}	STREET AD	DRESS 2001 EL	DMUND HALLEY DR.		,	
CITY-ST-ZIP WILMINGTON DE 19808	•	CITY-ST-7					
TITLE PD 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Delete	TITLE	<u> </u>	·/ V· · · · · · · · · · · · · · · · · ·	. Char	nge 🔲 Addition	
NAME O'BRIEN, MORGAN	Delete	NAMÉ	1	_,		· ·	
STREET ADDRESS 2711 CENTERVILLE RD STE 400	1	STREET AD	DRESS 2001 E	DMUND HALLEY DR.)	
CITY-ST-ZIP WILMINGTON DE 19808		CITY-ST-		1, VA 20191			
TITLE	☐ Delete	TITLE	7,5,5,0,		☐ Char	nge 🔲 Addition	
NAME	D016(6	NAME					
STREET ADDRESS		STREET AD	DRESS				
ı						I	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR