

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90052 021 \*\*\*150.00

**DOCUMENT # F98000001679**

1. Entity Name  
**ESI INTERNATIONAL OF VIRGINIA, INC.**



Principal Place of Business  
**4301 FAIRFAX DR., SUITE 800  
ARLINGTON VA 22203**

Mailing Address  
**4301 FAIRFAX DR., SUITE 800  
ARLINGTON VA 22203**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1177397**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name  
**NRAT Services, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)

**526 E. PARK AVENUE  
Tallahassee FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**CHARLES F. SHAMPANE AGT SEC. 3-10-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P SEELEY, LARRY**  
STREET ADDRESS **4301 FAIRFAX DR., SUITE 800**  
CITY-ST-ZIP **ARLINGTON VA 22203**

TITLE ☐ Change ☒ Addition  
NAME **VP Chris Maybury**  
STREET ADDRESS **4301 FAIRFAX DR., SUITE 800**  
CITY-ST-ZIP **ARLINGTON, VA. 22203**

TITLE ☐ Delete  
NAME **VP, US TAX ROGERS, SCOTT**  
STREET ADDRESS **4301 FAIRFAX DR., SUITE 800**  
CITY-ST-ZIP **ARLINGTON VA 22203**

TITLE ☐ Change ☒ Addition  
NAME **D BAS TER Balkt**  
STREET ADDRESS **4301 FAIRFAX DR., SUITE 800**  
CITY-ST-ZIP **ARLINGTON, VA 22203**

TITLE ☐ Delete  
NAME **S GALLAGHER, SUSAN**  
STREET ADDRESS **4301 FAIRFAX DR, STE 800**  
CITY-ST-ZIP **ARLINGTON VA 22203**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T WARD, LEROY**  
STREET ADDRESS **4301 FAIRFAX DR, STE 800**  
CITY-ST-ZIP **ARLINGTON VA 22203**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D KERSWELL, MARK**  
STREET ADDRESS **4301 FAIRFAX DR., SUITE 800**  
CITY-ST-ZIP **ARLINGTON VA 22203**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED 3-10-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)