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**

DOCUMENT # F98000003218

1. Corporation Name

TREEV, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90219 048 ***150.00



Principal Place	of Business	Ma	iling Address								
			500 HUNTMAR DRIVE								
HERNDON VA 20170-5100			HERNDON VA 20170-5100					. DO NOT W	RITE IN THIS S	SDACE	
							⊢			FACE	-:-
								 Date Incorporated or Qualifo 06/08/1998 	3 0		
		1 .						4. FEI Number			antiad For
	ace of Business		Mailing Address		0.0	V 70				 	pplied For
	lunthar Palk Drive	26	500 HUNTA	MIL	11/4	ЖУ І	444	54-1590649			ot Applicable
Suite, Apt.	#, etc.	\vdash	Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional equired
22 City & State			7 Cltv & State				क्षांत्रीत्रक्षका व्यवस्था । त				
⊢ '		Ъ	City & State				i	6. Election Campaign Financir	g 🗆		May Be to Fees
23	Country	28	Zip		ountry		 +	Trust Fund Contribution			to rees
Zip	Country	<u></u>	Zip	_	ountry.		1	This corporation owes the or Personal Property Tax.	-	ngible []] Yes	□No
24	25	29	local Anami	30				10. Name and Address of New			
	9. Name and Address of Current I	Kegisi	tered Agent		81	Name		TV. Italia alla Address di Itali	* Registered >	gont	
СТ	CORPORATION SYSTEM					140,110					
1200 SOUTH PINE ISLAND ROAD					82	Street	Address	s (P.O. Box Number is Not Acce	ptable)		
	ITATION FL 33324				83			A.L. 1887 11			
	TATION TE OOGE4				83						
	,				84	City				85 Zip	Code
						-			<u>FL</u>		
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											s registered eaistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											-g
SIGNATURE											
OIOTAT ONE	Signature, typed or printed name of registered agent a		t signature	required wh	hen reinstating)	DATE					
12.	OFFICERS AND	DIRE			3.			ADDITIONS/CHANGES TO	OFFICERS AND		
- TITLE	CCEO		☐ DELETE	1.1	1 TITLE					Change	Addition
NAME	LETO, JAMES J			1.3	2 NAME			HUNTMAR PARK	DRIVE		
STREET ADDRESS	500 HUNTMAR DRIVE			1.3	STREET	ADDRESS	200	Application than	<i>y</i> ,,		
CITY-ST-ZIP	HERNDON VA 20170-5100			1.4	4 CITY-ST	r-zip	_			<u> </u>	
TITLE	VCFO		☐ DELETE	2.1	1 TITLE					Change	Addition
NAME	FORGUES, JORGE R			2.2	2 NAME			Harman Brass	T A		
STREET ADDRESS	500 HUNTMAR DRIVE			2.3	3 STREET	ADDRESS	500	, HUNTMAR PREK	DEIVE		
CITY-ST-ZIP	_HERNDON_VA_20170-5100	=-	د . محبدي خال ه	= 3 ·2.	4 CITY-S	T-ZIP - 🖙			للساء ماد بديد		
TITLE	V		DELETE	3.1	TITLE					Change	☐ Addition
NAME	HAJOST, BRIAN H		•	3.2	2 NAME				~ ^ · -	•	
STREET ADDRESS	500 HUNTMAR DRIVE			3.3	3 STREET	ADDRESS	500	HUNTMAR PARK	DENE		
CITY-ST-ZIP	HERNDON VA 20170-5100			3.4	4. CITY-S	T-ŻIP					
TITLE	PC00		DELETE	_	TITLE		PRE	ESIDENT & COO	-	☐ Change	Addition
NAME	MACWHORTER, DAVID E		•	4.	2 NAME		100	m WILSON			
STREET ADDRESS	500 HUNTMAR DRIVE			4:	STREET	ADDRESS	50	O HUNTMAR PAR	KDRIVE		
CITY-ST-ZIP	HERNDON VA 20170-5100				4 CITY-ST		He	ERNDON, VA Z	טדוט		
TITLE	V		☐ DELETE	_	TITLE	- 41	115		- · · ·	Change	☐ Addition
1	MCMAHON, RICHARD				2 NAME					7	
NAME (500 HUNTMAR DRIVE					ADDRESS	500	HUNTMAR PARK	DAVE		
STREET ADDRESS	HERNDON VA 20170-5100				4 CITY-SI						
CITY-ST-ZIP			☐ DELETE		TITLE	1-4F				Change	☐ Addition
TITLE	VGC		□ DECE 16		2 NAME					A country	
NAME	BOWEN, JULIA A					ADDRESS	Cin	HUNTMAR PARK	MILE		
STREET ADDRESS	500 HUNTMAR DRIVE						200	tratathing Links	ントイクト		
CITY-ST-ZIP	HERNDON VA 20170-5100			6.4	4 CITY-\$1	r-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: