

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003218

1. Entity Name
TREEV, INC.

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90037 026 ***550.00

Principal Place of Business
500 HUNTMAR PARK DRIVE
HERNDON VA 20170-5100

Mailing Address
500 HUNTMAR PARK DRIVE
HERNDON VA 20170-5100

2. Principal Place of Business
13900 LINCOLN PARK DR
Suite, Apt. #, etc.
300
City & State
HERNDON VA

3. Mailing Address
13900 LINCOLN PARK DR
Suite, Apt. #, etc.
300
City & State
HERNDON VA



DO NOT WRITE IN THIS SPACE

Zip
20171
Country
USA

Zip
20171
Country
USA

4. FEI Number 54-1590649
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

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 _____ (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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LETO, JAMES J 500 HUNTMAR PARK DR HERNDON VA 20170-5100	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FORGUES, JORGE R 500 HUNTMAR PARK DR HERNDON VA 20170-5100	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAJOST, BRIAN H 500 HUNTMAR PARK DR HERNDON VA 20170-5100	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO WILSON, TOM 500 HUNTMAR PARK DR HERNDON VA 20170-5100	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMAHON, RICHARD 500 HUNTMAR PARK DR HERNDON VA 20170-5100	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGC BOWEN, JULIA A 500 HUNTMAR PARK DR HERNDON VA 20170-5100	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO THOMAS WILSON 13900 LINCOLN PARK DR # 300 HERNDON, VA 20171	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13900 LINCOLN PARK DR #300 HERNDON VA 20171	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK PALEWONSKY 13900 LINCOLN PARK DR #300 HERNDON VA 20171	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13900 LINCOLN PARK DR #300 HERNDON, VA 20171	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13900 LINCOLN PARK DR #300 HERNDON VA 20171	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: ANTHONY STALBOS 7/12/00 703-478-2260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)