PI FASE REAL	DALL INSTRU	CTIONS BEFORE	COMPLETING	THIS FORM
LLENOE UENI	ロメドドニスクニムハ	U I IUNO BEFUNE	COMPLETING	

APPLICATION FOR LAND		DEPAR Katherin Secretary VISION OF C	ne Hai y of S	tate	"H\	LLKETARY OF STAIL MISTON OF CORPORATION.	
DOCUMENT # F9800003218 1. Corporation Name					C	DI DEC 12 ANII: 13	
TREEV, INC.							
Principal Place of Business 13900 LINCOLN PARK DRIVE 300	13900 LINCO 300						
HERNDON VA 20171  HERNDON VA 20171  If above addresses are incorrect in any way, line through incorrect information and enter correction below.						000047362091 -12/24/0101002029	,
New Principal Office Address, If Applicable     Suite, Apt. #, etc.	3. New Maili	New Mailing Office Address, If Applical     Suite, Apt. #, etc.			4. Date Incorporated of Qualified 150 . 00 ****150 . 00 To Do Business in Florida 06/08/1998		
City & State	City & State				5. FEI Number         Applied For           54-1590649         Not Applicable		
Zip Country	Zip	Country			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofite)  Name of Officers and/or Directors 3			Stre	tions must list at lea let Address of Each cer and/or Director	City / State / Zip	]	
CCEO LETO, JAMES J CEO MACWHORTER, DAVID	500 HUNTMAR PARK DR 13900 LINKOLN PARK DR			2	HERNDON VA 20170 HERNDON VA 20171		
-VCFO FORGUES, JORGE R VCFO PALEWONSKY, MARK	500 HUNTMAR PARK DR 13900 LINCOLN PARK DR				HERNDON VA 20170 HERNDON VA 20171		
-V HAJOST, BRIAN-H CAIRNS, JUDD	500 HUNTMAR PARK DR. 13900 LINCOLD YARK T			DR	HERNDON VA 20170 HERNDON, VA 20171		
PCOO_WILSON, TOM	_500_HUNTMAR_PARK.DR				HERNDON VA-20170		
V MCMAHON, RICHARD	MCMAHON, RICHARD			500 HUNTMAR PARK DR		HERNDON VA 20170	
VGC BOWEN, JULIA A 50			500 HUNTMAR PARK DR			HERNDON VA 20170	
8. Name and Address of Curren	t Registered Age	nt			9. Name and	Address of New Registered Agent	1
C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  Name  Street Addres					P.O. Box Number	is Not Acceptable)	CR2E040 (8/01)
PLANTATION FL 33324				Suite, Apt. #, Etc.  City   State   Zip and 2			15
10. I, being appointed the registered agent of the ab	pove named corpo	eration, am far	miliar wit	h and accept the ob	oligations of Secti	ion 607.0505, F.S.	
Signature of Registered Agent	Date //-/3-0/						
this reinstatement application, the reason for dis-	solution has been names of individ	eliminated, thuals listed on	e corpo this form	rate name satisfies to do not qualify for a	the requirements an exemption un	apter 607 or 617, F.S. I further certify that when filing to f section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(i), F.S. The information indicated	

PALIFATERONSKY 117 200 1 703 478 -2260

FICER OR DIRECTOR

Date

Date

Dayline Phone #



November 11, 2001

FL Department of State Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314

RE: Reinstatement of Treey, Inc.

Please find enclosed a completed Application for Reinstatement and the associated filing fee of \$150.00. We request waiver of the Reinstatement Fee of \$600.00 because we did not receive a uniform business report.

Please do not hesitate in contacting me should you have any questions.

Sincerely,

H Anthony Shalhoub

Controller