

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90010 004 ***150.00

DOCUMENT # F98000003583

1. Entity Name
AVIATION FACILITIES COMPANY, INC. OF VIRGINIA

Principal Place of Business COLSHIRE DRIVE, STE 240 MCLEAN VA 22102	Mailing Address 7600 COLSHIRE DRIVE, STE 240 MCLEAN VA 22102-7600
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1650021		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAMBERS JR, FRANCIS X		NAME		
STREET ADDRESS	10041 LAKE OCCOQUAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MANASSAS VA		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEIDEL, RICHARD R		NAME		
STREET ADDRESS	2220 BEAR DEN ROAD		STREET ADDRESS		
CITY-ST-ZIP	FREDERICK MD		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UNGERLEIDER, DANIEL S		NAME	Treasurer - Ungerleider, Daniel S.	
STREET ADDRESS	9918 OAKDALE WOODS COURT		STREET ADDRESS	9624 Woodedge Drive	
CITY-ST-ZIP	VIENNA VA		CITY-ST-ZIP	Burke, VA 22015	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNELL, SUZANNE L		NAME		
STREET ADDRESS	20599 WOODMERE COURT		STREET ADDRESS		
CITY-ST-ZIP	STERLING VA		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIVELY JR, ALBERT E		NAME		
STREET ADDRESS	708 GRAYSTONE ROAD		STREET ADDRESS		
CITY-ST-ZIP	WARRENTON VA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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]* **REQUIRED** **(703) 902-2900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Richard R. Weidel** **Date** **Daytime Phone #**

CR2E034 (9/99)