## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **F98000003583**

C T CORPORATION SYSTEM

PLANTATION FL 33324

SIGNATURE:

1200 SOUTH PINE ISLAND ROAD

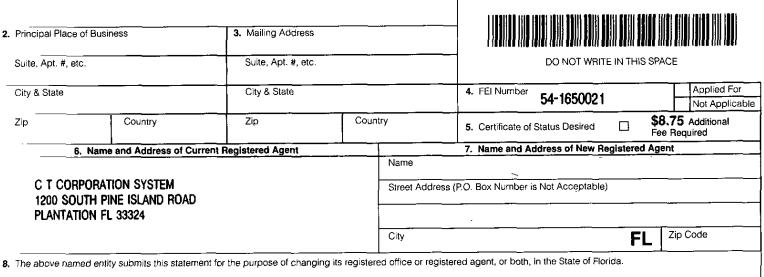
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

AVIATION FACILITIES COMPANY, INC. OF VIRGINIA

Principal Place of Business Mailing Address 7600 COLSHIRE DRIVE. STE 240 COLSHIRE DRIVE, STE 240 MCLEAN VA 22102-7600 - FAN VA 22102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country 6. Name and Address of Current Registered Agent

## **FILED** May 01, 2000 8:00 am Secretary of State

05-01-2000 90010 004 \*\*\*150.00



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 \$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.  \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12.	ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMBERS JR, FRANCIS X 10041 LAKE OCCOQUAN DRIVE MANASSAS VA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEIDEL, RICHARD R 2220 BEAR DEN ROAD FREDERICK MD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UNGERLEIDER, DANIEL S 9918 OAKDALE WOODS COURT VIENNA VA	82 Delete	- TITLE _ NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Uncerteid 9624 M Burke,	ur, Daniel S. voodedge Drive VA 22015	<b>⊠</b> -Change _	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONNELL, SUZANNE L 20599 WOODMERE COURT STERLING VA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHIVELY JR, ALBERT E 708 GRAYSTONE ROAD WARRENTON VA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ 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 attackment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR Richard R. Weidel

Name

(NOTE: Registered Agent signature required when reinstating)