

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90153 039 \*\*\*150.00

**DOCUMENT # F98000003583**

1. Entity Name

**AVIATION FACILITIES COMPANY, INC. OF VIRGINIA**

Principal Place of Business

**7600 COLSHIRE DRIVE, STE 240  
 MCLEAN VA 22102**

Mailing Address

**7600 COLSHIRE DRIVE, STE 240  
 MCLEAN VA 22102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**54-1650021**

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

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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. **REMOVE OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
 NAME **P. CHAMBERS JR, FRANCIS X**  
 STREET ADDRESS **10041 LAKE OCCOQUAN DRIVE**  
 CITY-ST-ZIP **MANASSAS VA**

TITLE ☐ Delete  
 NAME **V WEIDEL, RICHARD R**  
 STREET ADDRESS **2220 BEAR DEN ROAD**  
 CITY-ST-ZIP **FREDERICK MD**

TITLE ☐ Delete  
 NAME **T UNGERLEIDER, DANIEL S**  
 STREET ADDRESS **9624 WOODEDGE DRIVE**  
 CITY-ST-ZIP **BURKE VA 22015**

TITLE ☐ Delete  
 NAME **S CONNELL, SUZANNE L**  
 STREET ADDRESS **20599 WOODMERE COURT**  
 CITY-ST-ZIP **STERLING VA**

TITLE ☐ Delete  
 NAME **VP PERCY, DAVID**  
 STREET ADDRESS **11735 AMKIN DRIVE**  
 CITY-ST-ZIP **CLIFTON VA 20124**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02 703/902-2900

CR2E034 (9/01)