

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90293 018 ***150.00

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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

94055233



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

54-1650021

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP/CFO ☐ Change ☒ Addition
NAME Charles V. Stipancic, Jr.
STREET ADDRESS 1409 Park Lane Drive
CITY-ST-ZIP Reston, VA 20190

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

TITLE VP ☐ Change ☒ Addition
NAME Ahmed Shakhshier
STREET ADDRESS 2463 Cypress Green Lane
CITY-ST-ZIP Oak Hill, VA 20171

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

TITLE VP ☐ Change ☒ Addition
NAME Joseph M. McKay
STREET ADDRESS P.O. Box 5324
CITY-ST-ZIP Springfield, VA 22150

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

TITLE VP/CFO ☒ Change ☐ Addition
NAME Daniel S. Ungerleider
STREET ADDRESS 9624 Woodedge Drive
CITY-ST-ZIP Burke, VA 22015

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #