2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000003583

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

Principal Place of Business	Mailing Address
7600 COLSHIRE DRIVE, STE 240 MCLEAN, VA 22102	7600 COLSHIRE DRIVE, STE 240 MCLEAN, VA 22102

01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAMBERS JR, FRANCIS X
STREET ADDRESS	10041 LAKE OCCOQUAN DRIVE
CITY-ST-ZIP	MANASSAS, VA
TITLE	VCFO
NAME	UNGERLEIDER, DANIEL S
STREET ADDRESS	9624 WOODEDGE DRIVE
CITY-ST-ZIP	BURKE, VA 22015
TITLE	S
NAME	CONNELL, SUZANNE L
STREET ADDRESS	20599 WOODMERE COURT
CITY-ST-ZIP	STERLING, VA
TITLE	COOV
NAME	STIPANCIC, CHARLES V JR.
STREET ADDRESS	1409 PARK LANE DR.
CITY-ST-ZIP	RESTON, VA 20190
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/07-80048-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Daniel S. Ungerleider 703/902-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #