

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F98000003583	
1. Entry 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
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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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

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
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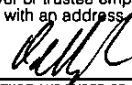
10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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01/09/07-80048-020 150.00

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** **702/902-2900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #