1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800005193 1. Corporation Name

FIRST DOMINION TECHNOLOGY, INC.

Principal Place of Business % CT CORPORATION 1209 ORANG STREET WILMINGTON DE 19801

Mailing Address

% CT CORPORATION 1209 ORANG STREET WILMINGTON DE 19801

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90198 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE	

3. Date Incorporated or Qualifed

2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   21 2907 Bay to Bay Blvd.   59-3530298   Not Applicable   Suite, Apt. #t, etc.   Suite, Apt. #t,
Suite Apt. #, etc.  22 Suite 200  23 Suite 200  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Sinis corporation owes the current year Intengible  Personal Property Tax.  Property Ta
Suite 200   27   Suite 200   5. Certificate of Status Desired   Fee Required
22  Suire 200   27
23 Tampa , FL  28 Tampa , FL  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation owes the current year intangible Personal Property Tax.
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Respect
24 33629  25 USA  29 33629  30 USA  Personal Property Tax.
9. Name and Address of Current Registered Agent  KRUSEN, W. A JR 2907 BAY TO BAY BLVD., STE. 200 TAMPA FL 33629  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the fragolicable of Postoria Statutes agent, and the fragolicable of Postoria Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the fragolicable of Postoria Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the fragolicable of Postoria Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the fragolicable of Postoria Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the fragolicable of Postoria Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent,
KRUSEN, W. A JR 2907 BAY TO BAY BLVD., STE. 200 TAMPA FL 33629  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PCEO DELETE  1.1 TITLE  Change Addition  STREET ADDRESS  2841 COBBLESTONE DRIVE  TITLE  VCOF  PALM HARBOR FL 34684  1.4 CITY-ST-ZIP  TITLE  VCOF  PALM HARBOR FL 34684  1.4 CITY-ST-ZIP  TITLE  VCOF  COTTRELL, JAMES H  STREET ADDRESS  23 STREET ADDRESS  CTY-ST-ZIP  RICHMOND VA 23233  2.4 CITY-ST-ZIP  RICHMOND VA 23233
KRUSEN, W. A JR 2907 BAY TO BAY BLVD., STE. 200 TAMPA FL 33629  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  WA KILSEN TYPE Registered Agent algorithme required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PCEO  DELETE  11. TITLE  Change  Additio
2907 BAY TO BAY BLVD., STE. 200 TAMPA FL 33629  83  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, a minimizer with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and tub if applicable.  WA KILSON JT.  NOTE: Registered Agent signature required when reinstating)  4/21/99  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PCEO  DELETE  1.1 TITLE  Change  Addition  Addition  NAME  SIRRET ADDRESS  CITY-ST-ZIP  PALM HARBOR FL 34684  14 CITY-ST-ZIP  TITLE  VCOF  DELETE  2.1 TITLE  Change  Addition  Addition  Change  Addition  Addition  Addition  Addition  Addition  Change  Addition  Addition
TAMPA FL 33629  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PCEO  DELETE  1.1 TITLE  Change  Additio  NAME  BIDDINGER, CLAY M  STREET ADDRESS  CITY-ST-ZIP  PALM HARBOR FL 34684  14 CITY-ST-ZIP  TITLE  VCOF  DELETE  1.1 TITLE  Change  Additio  Change  Cha
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   NAME
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PCEO DELETE 1.1 TITLE  NAME BIDDINGER, CL'AY M  STREET ADDRESS  CITY-ST-ZIP PALM HARBOR FL 34684 1.4 CITY-ST-ZIP  TITLE VCOF DELETE 2.1 TITLE  VCOF DELETE 2.1 TITLE  COTTRELL, JAMES H  STREET ADDRESS  CITY-ST-ZIP RICHMOND VA 23233 2.4 CITY-ST-ZIP  TREET ADDRESS  CITY-ST-ZIP RICHMOND VA 23233 1.4 CITY-ST-ZIP
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NAME  BIDDINGER, CLAY M  2841 COBBLESTONE DRIVE  CITY-ST-ZIP  PALM HARBOR FL 34684  1.4 CITY-ST-ZIP  TITLE  VCOF  COTTRELL, JAMES H  STREET ADDRESS  CITY-ST-ZIP  RICHMOND VA 23233  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  2.1 ITILE  Change  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  Addition  Change
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TITLE         VCOF         DELETE         2.1 IITLE         Change         Addition           NAME         COTTRELL, JAMES H         22 NAME           STREET ADDRESS         3205 NUTLEY COURT         2.3 STREET ADDRESS           CITY- 5T-ZIP         RICHMOND VA 23233         2.4 CITY- 5T-ZIP
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CITY-ST-ZIP TAMPA FL 33629 3.4. CITY-ST-ZIP
TITLE S DELETE 4.1 TITLE Change Addition
NAME THOMPSON, W.M. JR. 4.2 NAME
STREET ADDRESS 250 WEST MAIN STREET, STE 300 4.3 STREET ADDRESS
CITY-ST-ZIP CHARLOTTESVILLE VA 22902 4.4 CITY-ST-ZIP
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NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.