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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90124 045 \*\*\*150.00

DOCUMENT # F98000005404

1. Corporation Name

MAINSTREET VENTURES, INC.  
(dba DELAWARE MAINSTREET VENTURES, INC.)

Principal Place of Business

Mailing Address

1300 WILSON BLVD. #400 (SAME)  
ARLINGTON, VA 22209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
9/21/98

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

54-1913338

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324

81 Name

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 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 at 3 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT, DIRECTOR ☐ DELETE  
NAME PETER B. MCMILLAN  
STREET ADDRESS 1300 WILSON BLVD. #400  
CITY-ST-ZIP ARLINGTON, VIRGINIA 22209

TITLE EXECUTIVE VP, TREASURER ☐ DELETE  
NAME KENNETH R. PARENT  
STREET ADDRESS 1300 WILSON BLVD. #400  
CITY-ST-ZIP ARLINGTON, VIRGINIA 22209

TITLE EXECUTIVE VP, SECRETARY, DIRECTOR ☐ DELETE  
NAME THOMAS E. FROST,  
STREET ADDRESS 1300 WILSON BLVD. #400  
CITY-ST-ZIP ARLINGTON, VIRGINIA 22209

TITLE CHAIRMAN, DIRECTOR ☐ DELETE  
NAME LAURENCE C. SIEGEL  
STREET ADDRESS 1300 WILSON BLVD. #400  
CITY-ST-ZIP ARLINGTON, VIRGINIA 22209

TITLE SR. EXECUTIVE VP ☐ DELETE  
NAME JAMES F. DAUSCH  
STREET ADDRESS 1300 WILSON BLVD. #400  
CITY-ST-ZIP ARLINGTON, VIRGINIA 22209

TITLE VICE PRESIDENT ☐ DELETE  
NAME NATHAN A. KATZMAN  
STREET ADDRESS 1300 WILSON BLVD. #400  
CITY-ST-ZIP ARLINGTON, VIRGINIA 22209

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

THOMAS E. FROST, EXECUTIVE VICE PRESIDENT

4.12.99

Date

(703) 526-5000

Daytime Phone #

CR2E034 (11/98)