

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** F98000005404

1. Entity Name

DELAWARE MAINSTREET VENTURES, INC.

APPROVED  
AND  
FILED

00 MAR 14 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1300 WILSON BLVD. #400  
ARLINGTON, VA 22209

(SAME)

2. Principal Place of Business  
(SAME)

3. Mailing Address  
(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1913338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME CHAIRMAN OF THE BOARD AND DIRECTOR  
STREET ADDRESS LAURENCE C. SIEGEL  
CITY-ST-ZIP 1300 WILSON BLVD. #400  
ARLINGTON, VA 22209

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

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

TITLE ☐ Delete  
NAME TREASURER  
STREET ADDRESS D. GREGORY NEEB  
CITY-ST-ZIP 1300 WILSON BLVD. #400  
ARLINGTON, VA 22209

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500003178865--1  
CITY-ST-ZIP -03/21/00--01121--008  
\*\*\*\*150.00 \*\*\*\*150.00

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

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

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

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

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

13. 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 11 or Block 12 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  
THOMAS E. FROST, EXECUTIVE VICE PRESIDENT

(703) 526-5000

Date

Daytime Phone #

38.00

CR2E034 (9/99)