

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90452 041 \*\*\*150.00

**DOCUMENT #** F98000005404

1. Entity Name

**MAINSTREET VENTURES, INC.**  
**(DBA DELAWARE MAINSTREET VENTURES, INC.)**

Principal Place of Business

Mailing Address

**1300 WILSON BLVD. #400**  
**ARLINGTON, VA 22209**

**(SAME)**

2. Principal Place of Business

**(SAME)**

Suite, Apt. #, etc.

3. Mailing Address

**(SAME)**

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, 2001 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 **CHAIRMAN AND DIRECTOR** ☐ Delete  
 NAME **LAURENCE C. SIEGEL**  
 STREET ADDRESS **1300 WILSON BLVD. #400**  
 CITY-ST-ZIP **ARLINGTON, VA 22209**

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

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

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

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

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

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

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

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:

*Thomas E. Frost*

THOMAS E. FROST, EXECUTIVE VICE PRESIDENT

4.2.01

Date

(703) 526-5000

Daytime Phone #

CR2E034 (11/00)