

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90059 008 \*\*\*150.00

**DOCUMENT #** F980Q0005404

**1. Entity Name**

DELAWARE MAINSTREET VENTURES, INC.  
(fictitious name for MAINSTREET VENTURES, INC.)

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1300 WILSON BLVD. #400

**3. Mailing Address**

1300 WILSON BLVD. #400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

ARLINGTON, VA

**City & State**

ARLINGTON, VA

**4. FEI Number**

54-1913338

**Applied For**

Not Applicable

**Zip**

22209

**Country**

USA

**Zip**

22209

**Country**

USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

CT CORPORATION SYSTEM

**Street Address (P.O. Box Number is Not Acceptable)**

1200 SOUTH PINE ISLAND ROAD

**City**

PLANTATION

**FL**

**Zip Code**  
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.**

**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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

<b>TITLE</b>	<b>CHAIRMAN AND DIRECTOR</b>	<b>TITLE</b>	
<b>NAME</b>	LAURENCE C. SIEGEL	<b>NAME</b>	
<b>STREET ADDRESS</b>	1300 WILSON BLVD. #400	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	ARLINGTON, VA 22209	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>SENIOR EXECUTIVE VP</b>	<b>TITLE</b>	
<b>NAME</b>	JAMES F. DAUSCH	<b>NAME</b>	
<b>STREET ADDRESS</b>	1300 WILSON BLVD. #400	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	ARLINGTON, VA 22209	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>EXECUTIVE VICE PRESIDENT</b>	<b>TITLE</b>	
<b>NAME</b>	KENNETH R. PARENT	<b>NAME</b>	
<b>STREET ADDRESS</b>	1300 WILSON BLVD. #400	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	ARLINGTON, VA 22209	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>EXECUTIVE VICE PRESIDENT, SECRETARY AND DIRECTOR</b>	<b>TITLE</b>	
<b>NAME</b>	THOMAS E. FORST	<b>NAME</b>	
<b>STREET ADDRESS</b>	1300 WILSON BLVD. #400	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	ARLINGTON, VA 22209	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>SENIOR VICE PRESIDENT AND TREASURER</b>	<b>TITLE</b>	
<b>NAME</b>	D. GREGORY NEEB	<b>NAME</b>	
<b>STREET ADDRESS</b>	1300 WILSON BLVD. #400	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	ARLINGTON, VA 22209	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

THOMAS E. FORST, EXECUTIVE VICE PRESIDENT OF MAINSTREET VENTURES, INC.

2-11-02

Daytime Phone

(703) 526-5000

CR2E034B (12/01)