

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005936

1. Entity Name

EER SYSTEMS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90147 005 ***150.00

Principal Place of Business

10289 AEROSPACE RD.
SEABROOK MD 20706-2280

Mailing Address

3750 CENTERVIEW DRIVE
CHANTILLY VA 20151

2. Principal Place of Business

3750 Centerview Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Chantilly VA

City & State

Zip

20151

Country

Fairfax

Zip

Country

4. FEI Number

54-1349668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	GUPTA, JAI N	
STREET ADDRESS	3750 CENTERVIEW DRIVE	
CITY-ST-ZIP	CHANTILLY VA 20151	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAWARI, PREKIMI V	
STREET ADDRESS	10289 AEROSPACE RD.	
CITY-ST-ZIP	SEABROOK MD 20706-2280	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUPTA, CHAND N	
STREET ADDRESS	3750 CENTERVIEW DRIVE	
CITY-ST-ZIP	CHANTILLY VA 20151	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUPTA, SHASHI A	
STREET ADDRESS	3750 CENTERVIEW DRIVE	
CITY-ST-ZIP	CHANTILLY VA 20151	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4/18/01

703-375-6530

CR2E034 (10/00)