## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9800006811

## FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90082 035 \*\*\*158.75

TLA INVESTMENTS OF VIRGINIA, INC. Principal Place of Business Mailing Address 4500 DALY DRIVE, SUITE 200 4500 DALY DRIVE. SUITE 200 CHANTILLY VA 22021 **CHANTILLY VA 22021** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/15/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 54-1724886 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. ☐ Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 1116-D THOMASVILLE ROAD MOUNT VERNON SQUARE 83 TALLAHASSEE FL 32303 84 City 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 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition NAME ARNOLD, THOMAS L 1.2 NAME STREET ADDRESS 4500 DALY DRIVE, SUITE 200 1.3 STREET ADDRESS CiTY-ST-ZIP CHANTILLY VA 22021 1.4 CITY+ST-ZIP TITLE TCFO DELETE 2.1 TITLE Change ☐ Addition NAME WILHOITE, GENE 2.2 NAME 4500 DALY DRIVE, SUITE 200 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP CHANTILLY VA 22021 2.4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 51 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 Block 12 or Block 13 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

Coene Wilhoite 1-28-99

1-28-99 703 968