

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90317 020 ***550.00

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1. Entity Name
GRAPHIC COMPUTER SOLUTIONS, INC.

Principal Place of Business
**2900 LINDEN LANE #100
SILVER SPRING MD 20910**

Mailing Address
**2900 LINDEN LANE #100
SILVER SPRING MD 20910**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1922974**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAHAM, HERBERT B
18701 MACH ONE DRIVE
PORT ST. LUCIE FL 34988**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	GRAHAM, HERBERT B	
STREET ADDRESS	18701 MACH ONE DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34987	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAHAM, LESLIE M	
STREET ADDRESS	18701 MACH ONE DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34987	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, STEPHEN	
STREET ADDRESS	9212 WOODLAND DR	
CITY-ST-ZIP	SILVER SPRING MD 20910	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, ROBERT	
STREET ADDRESS	1830 DUKE STREET 200	
CITY-ST-ZIP	ALEXANDRIA VA 22314	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, JOHN	
STREET ADDRESS	510 KING STREET 311	
CITY-ST-ZIP	ALEXANDRIA VA 22314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL A. DYKE	
STREET ADDRESS	2900 LINDEN LANE, SUITE 100	
CITY-ST-ZIP	SILVER SPRING, MD 20910	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MICHAEL A. DYKE* **9/4/03** **301-585-7977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)