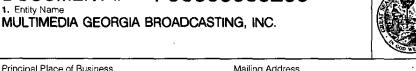
## **FILED**

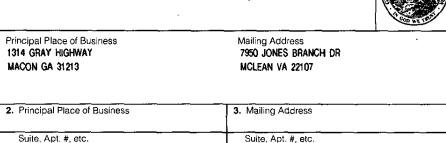
Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90308 029 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

F99000000200 **DOCUMENT #** 





☐ CHECK HERE IF MAKING CHANGES

City & State Applied For City & State 4. FEI Number 57-0806552 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Fee Required

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

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

City

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

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

					L		
10.	OFFICERS AND DIRECTOR	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, GARY L 7950 JONES BRANCH DR MCLEAN VA 22107	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBOW, C 7950 JON MCLEAN V	ES BRANCH DR	XX Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORKINDALE, DOUGLAS H 7950 JONES BRANCH DR MCLEAN VA 22107	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPPLE, THOMAS J 7950 JONES BRANCH DR MCLEAN VA 22107	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	g de ⊕g . 199		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTORE, GRACIA C 7950 JONES BRANCH DR MCLEAN VA 22107	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IVEY, DENISE 7950 JONES BRANCH DR MCLEAN VA 22107	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C OTTENSMEYER, RICHARD C 7950 JONES BRANCH DR MCI FAN VA 22107	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	Addition

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

SIGNATURE:(

4/9/2003

703-854-6000

Daytime Phone #