

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000344

1. Entity Name

DELAWARE VIRTUALLOGIC, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90064 039 \*\*\*150.00

Principal Place of Business	Mailing Address
6707 DEMOCRACY BLVD STE 202 BETHESDA MD 20817	6707 DEMOCRACY BLVD STE 202 BETHESDA MD 20817-1148

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	52-2068086	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PETER C	NAME	
STREET ADDRESS	6707 DEMOCRACY BLVD #202	STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINKE, RHETT	NAME	Roberson, Dave
STREET ADDRESS	11911 FREEDOM DR #550	STREET ADDRESS	750 Central Expressway
CITY-ST-ZIP	RESTON VA 20190-5602	CITY-ST-ZIP	Santa Clara, CA 95050
TITLE	CS/D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, MARSANNE	NAME	Glueck, Jim
STREET ADDRESS	11911 FREEDOM DR #550	STREET ADDRESS	750 Central Expressway
CITY-ST-ZIP	RESTON VA 20190-5602	CITY-ST-ZIP	Santa Clara, CA 95050
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Short, Alastair
STREET ADDRESS		STREET ADDRESS	750 Central Expressway
CITY-ST-ZIP		CITY-ST-ZIP	Santa Clara, CA 95050
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Koshimizu - San
STREET ADDRESS		STREET ADDRESS	750 Central Expressway
CITY-ST-ZIP		CITY-ST-ZIP	Santa Clara, CA 95050
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

301 571 5100

Daytime Phone #