

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90007 041 ***550.00

DOCUMENT # F99000000548

1. Entity Name
MMH CORRECTIONAL SERVICES, INC.

Principal Place of Business
8605 WESTWOOD CENTER DR
STE 400
VIENNA VA 22182

Mailing Address
8605 WESTWOOD CENTER DR
STE 400
VIENNA VA 22182

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1856340**

Applied For
 Not Applicable

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

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)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☐ Delete
 NAME **PINKERT, MICHAEL S**
 STREET ADDRESS **8605 WESTWOOD CENTER DR. STE 400**
 CITY-ST-ZIP **VIENNA VA 22182**

TITLE **Chairman** ☒ Change ☐ Addition
 NAME **Michael S. Pinkert**
 STREET ADDRESS **8605 Westwood Center Dr., Ste 400**
 CITY-ST-ZIP **Vienna, VA 22182**

TITLE **DV** ☐ Delete
 NAME **WHEELER, STEVEN H**
 STREET ADDRESS **8605 WESTWOOD CENTER DR. STE 400**
 CITY-ST-ZIP **VIENNA VA 22182**

TITLE **President** ☒ Change ☐ Addition
 NAME **Steven H. Wheeler**
 STREET ADDRESS **8605 Westwood Center Dr., Ste 400**
 CITY-ST-ZIP **Vienna, VA 22182**

TITLE **D** ☐ Delete
 NAME **MAY, ROBERT**
 STREET ADDRESS **8605 WESTWOOD CENTER DR. STE 400**
 CITY-ST-ZIP **VIENNA VA 22182**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **KEITH-MCKENZIE, NONA**
 STREET ADDRESS **8605 WESTWOOD CENTER DR. STE 400**
 CITY-ST-ZIP **VIENNA VA 22182**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Patrick Chunn**
 STREET ADDRESS **8605 Westwood Center Dr. Ste 400**
 CITY-ST-ZIP **Vienna, VA 22182**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

7/20/01 703-749-4600

Date

Daytime Phone #

CR2E034 (5/01)