2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000589

FILED
Mar 31, 2000 8:00 am
Secretary of State
03-31-2000 90045 004 ***150.00

1. Entity Name

UNIRISC, INC.

Principal Place of Business	Mailing Address
1120 - 20TH STREET NW. NORTH BLDG 7TH FL WASHINGTON DC 20036	1120 - 20TH STREET NW. NORTH BLDG 7TH FL WASHINGTON DC 20036-3411

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2000 N. 14TH ST.	2000 N. 14TH ST.
Suite, Apt. #, etc. SUITE 500	Suite, Apt. #, etc. SUITE 500
City & State ARLINGTON VA	City & State ARLINGTON VA
Zip 22201 Country USA	Zip 22201 Country USA

4. FEI Number 36-3851531 ☐ 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
INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300	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 $150.00** **After MAY 1, 2000 Fee will be $550.00** **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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FULLUM, GARY L 2355 SOUTH QUEEN STREET ARLINGTON VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GORALSKI, KATHERINE A 2101 N TAFT STREET APT #124 ARLINGTON VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5429 CHIEFTAN CIRCLE ALEXANDRIA, VA 22312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JESCHKE, TERESA A 5115 GOLF LEAF COURT ELLICOTT CITY MD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: Teresa A. Jeschke 3-14-00 7037973300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #