

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000704

(page 1 of 3)

1. Entity Name

VS&A Spectrum Inc.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90229 038 ***150.00

Principal Place of Business

6400 Arlington Blvd.
Suite 1000
Falls Church, VA 22042

Mailing Address

6400 Arlington Blvd.
Suite 1000
Falls Church, VA 22042

2. Principal Place of Business

6400 Arlington Blvd.
Suite, Apt. #, etc.
Suite 1000
City & State
Falls Church VA

3. Mailing Address

6400 Arlington Blvd.
Suite, Apt. #, etc.
Suite 1000
City & State
Falls Church VA

4. FEI Number

54-1874423

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

7. Name and Address of New Registered Agent

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

TITLE	Director, Chairman	<input type="checkbox"/> Delete
NAME	Jeffrey Stevenson	
STREET ADDRESS	20th Floor, 350 Park Ave.	
CITY-ST-ZIP	New York, NY 10022	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Richard T. Liebhaber	
STREET ADDRESS	20th Floor, 350 Park Ave.	
CITY-ST-ZIP	New York, NY 10022	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Marv Shapiro	
STREET ADDRESS	20th Floor, 350 Park Ave.	
CITY-ST-ZIP	New York, NY 10022	
TITLE	Director	<input type="checkbox"/> Delete
NAME	John Sinatra	
STREET ADDRESS	20th Floor, 350 Park Ave.	
CITY-ST-ZIP	New York, NY 10022	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	S. Gerard Benford	
STREET ADDRESS	20th Floor, 350 Park Ave.	
CITY-ST-ZIP	New York, NY 10022	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Sam Masoudi	
STREET ADDRESS	20th Floor, 350 Park Ave.	
CITY-ST-ZIP	New York, NY 10022	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan Drucker	
STREET ADDRESS	20th Floor, 350 Park Ave.	
CITY-ST-ZIP	New York, NY 10022	

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

President 4/13/00

(703) 533-1312

Date

Daytime Phone #

CR2E034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

At Hackm.
C0082233
F99000000704

DOCUMENT # F99000000704

(page 2 of 3)

1. Entity Name
VS&A Spectrum Inc.

ADOT'L ONLY
OFFICERS

Principal Place of Business
6400 Arlington Blvd.
Suite 1000
Falls Church, VA 22042

Mailing Address
6400 Arlington Blvd.
Suite 1000
Falls Church, VA 22042

2. Principal Place of Business
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Suite, Apt. #, etc.
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City & State
Falls Church VA

3. Mailing Address
6400 Arlington Blvd.
Suite, Apt. #, etc.
Suite 1000
City & State
Falls Church VA

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1874423

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

6. Name and Address of Current Registered Agent
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

7. Name and Address of New Registered Agent
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 _____ (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) ☒

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	Director <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John S. Suhler	NAME	
STREET ADDRESS	20th Floor, 350 Park Ave.	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10022	CITY-ST-ZIP	
TITLE	Director <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John J. Veronis	NAME	
STREET ADDRESS	20th Floor, 350 Park Ave.	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10022	CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Roberts	NAME	Carlos Roberts
STREET ADDRESS	307 Annandale Road, Suite 101	STREET ADDRESS	6400 Arlington Blvd., Suite 1000
CITY-ST-ZIP	Falls Church, VA 22042	CITY-ST-ZIP	Falls Church, VA 22042
TITLE	Director <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A.C. Miller	NAME	A.C. Miller
STREET ADDRESS	307 Annandale Road, Suite 101	STREET ADDRESS	6400 Arlington Blvd., Suite 1000
CITY-ST-ZIP	Falls Church, VA 22042	CITY-ST-ZIP	Falls Church, VA 22042
TITLE	Director <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cyril Uy	NAME	Cyril Uy
STREET ADDRESS	307 Annandale Road, Suite 101	STREET ADDRESS	6400 Arlington Blvd., Suite 1000
CITY-ST-ZIP	Falls Church, VA 22042	CITY-ST-ZIP	Falls Church, VA 22042
TITLE	Director <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kamal Doshi	NAME	Kamal Doshi
STREET ADDRESS	307 Annandale Road, Suite 101	STREET ADDRESS	6400 Arlington Blvd., Suite 1000
CITY-ST-ZIP	Falls Church, VA 22042	CITY-ST-ZIP	Falls Church, VA 22042

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SIGNATURE: _____ President 4/13/00 (703) 533-1312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

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ADD'L ONLY
OFFICERS

attached
C0082233
HF9900000704

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Mailing Address

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Falls Church VA

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Falls Church VA

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Not Applicable

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Country
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Zip
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Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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TITLE President ☐ Delete
NAME Carlos Roberts
STREET ADDRESS 307 Annandale Road, Suite 101
CITY-ST-ZIP Falls Church, VA 22042

TITLE Vice-President ☐ Delete
NAME A.C. Miller
STREET ADDRESS 307 Annandale Road, Suite 101
CITY-ST-ZIP Falls Church, VA 22042

TITLE Vice-President ☐ Delete
NAME Cyril Uy
STREET ADDRESS 307 Annandale Road, Suite 101
CITY-ST-ZIP Falls Church, VA 22042

TITLE Secretary ☐ Delete
NAME Kamal Doshi
STREET ADDRESS 307 Annandale Road, Suite 101
CITY-ST-ZIP Falls Church, VA 22042

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME Carlos Roberts
STREET ADDRESS 6400 Arlington Blvd., Suite 1000
CITY-ST-ZIP Falls Church, VA 22042

TITLE Vice-President ☒ Change ☐ Addition
NAME A.C. Miller
STREET ADDRESS 6400 Arlington Blvd., Suite 1000
CITY-ST-ZIP Falls Church, VA 22042

TITLE Vice-President ☒ Change ☐ Addition
NAME Cyril Uy
STREET ADDRESS 6400 Arlington Blvd., Suite 1000
CITY-ST-ZIP Falls Church, VA 22042


TITLE Secretary ☒ Change ☐ Addition
NAME Kamal Doshi
STREET ADDRESS 6400 Arlington Blvd., Suite 1000
CITY-ST-ZIP Falls Church, VA 22042

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

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STREET ADDRESS
CITY-ST-ZIP

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 President

4/13/00

(703)533-1312

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Date

Daytime Phone #