

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000835

1. Entity Name

INFORMATION TECHNOLOGY & APPLICATIONS CORPORATION

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90011 043 \*\*\*150.00

Principal Place of Business

Mailing Address

1875 CAMPUS COMMONS DR., STE 300  
RESTON VA 22091

1875 CAMPUS COMMONS DR., STE 300  
RESTON VA 20191-1533

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

54-1396449

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 \$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	P	<input type="checkbox"/> Delete
NAME	SCRIVENER, JAMES E	
STREET ADDRESS	1907 TRUMPET CT.	
CITY-ST-ZIP	VIENNA VA	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOFFITT, DENNIS R	
STREET ADDRESS	20831 GRAINERY CT	
CITY-ST-ZIP	ASHBURN VA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MILLER, ROBERT C	
STREET ADDRESS	10449 CALUMET GROVE DR	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORTHY, ROBERT M	
STREET ADDRESS	350 PINEY LANE	
CITY-ST-ZIP	MORRO BAY CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROUPS, JOHN M	
STREET ADDRESS	1209 STUART ROBESON DR.	
CITY-ST-ZIP	MCLEAN VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETTERTON, THOMAS C	
STREET ADDRESS	7977 WELLINGTON DR.	
CITY-ST-ZIP	WARRENTON VA	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL N. GUERRERI	
STREET ADDRESS	13873 PARK CENTER ROAD	
CITY-ST-ZIP	HERNDON, VA 22071	
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		

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 an other, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS R. MOFFITT

4-27-00

Date

(703)391-8822

Daytime Phone #

CR2E034 (9/99)