

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F99000001022**1. Entity Name  
THE HARRIS MCDONOUGH GROUP, INC.

## Principal Place of Business

11417 SUNSET HILLS ROAD - STE 230

RESTON  
20190

VA

## Mailing Address

11417 SUNSET HILLS ROAD - STE 230

RESTON  
20190

VA

## 2. Principal Place of Business

1299 STAMFORD WAY

## 3. Mailing Address

1299 STAMFORD WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

RESTON

VA

## City &amp; State

RESTON

VA

## 4. FEI Number

**54-1915141**

## Applied For

Not Applicable

Zip  
20194

Country

Zip  
20194

Country

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

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROADPLANTATION  
33324

US

FL

## 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 \_\_\_\_\_ **04/27/2001**

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, 2001 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	AS	<input type="checkbox"/> Delete
NAME	PENDLETON SUE	
STREET ADDRESS	11417 SUNSET HILLS RD. STE 230	
CITY-ST-ZIP	RESTON VA 20190	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MADRID BARBARA	
STREET ADDRESS	11417 SUNSET HILLS RD. STE 230	
CITY-ST-ZIP	RESTON VA 20190	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	MCDONOUGH NICHOLAS	
STREET ADDRESS	11417 SUNSET HILLS ROAD - STE 230	
CITY-ST-ZIP	RESTON VA	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	HARRIS JAMES S	
STREET ADDRESS	11417 SUNSET HILLS ROAD - STE 230	
CITY-ST-ZIP	RESTON VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDLETON SUE	
STREET ADDRESS	11937 RIDERS LANE	
CITY-ST-ZIP	RESTON VA 20191	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKIN BARBARA	
STREET ADDRESS	14230 REHOBOTH CHURCH ROAD	
CITY-ST-ZIP	LOVETTSVILLE VA 20180	
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONOUGH NICHOLAS	
STREET ADDRESS	1299 STAMFORD WAY	
CITY-ST-ZIP	RESTON VA 20194	
TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS JAMES S	
STREET ADDRESS	230 MISSION ROAD	
CITY-ST-ZIP	SEDONA AZ 86336	
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 all other like empowered.

**SIGNATURE: NICHOLAS MCDONOUGH****VSTD 04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)