

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90038 040 ***150.00

DOCUMENT # F99000002499

1. Entity Name

VISTA IT, INC.

Principal Place of Business

Mailing Address

FOX MILL RD., SUITE 200
 VA 20171

2195 FOX MILL RD., SUITE 200
 HERNDON VA 20171-3019

80016161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1935233**

Applied For

Not Applicable

Zip

Country

Zip

Country

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	CPD	<input type="checkbox"/> Delete
NAME	DUGGAN, JAMES H	
STREET ADDRESS	2195 FOX MILL RD., SUITE 200	
CITY-ST-ZIP	HERNDON VA 20171	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SCOTT, K. DUNLOP	
STREET ADDRESS	2195 FOX MILL RD., SUITE 200	
CITY-ST-ZIP	HERNDON VA 20171	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	LUNDSTEN, DAVID J	
STREET ADDRESS	2195 FOX MILL RD., SUITE 200	
CITY-ST-ZIP	HERNDON VA 20171	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANFIELD, PHILLIP	
STREET ADDRESS	233 S. WACKER DR., SUITE 6100	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAUNER, BRUCE V	
STREET ADDRESS	233 S. WACKER DR., SUITE 6100	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

Daytime Phone #

1-6-00 703/561-4000