2/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
02-13-2002 90014 048 ***150.00

DOCUMENT # F99000002499

1. Entity Name
VISTA IT, INC.

Principal Place of Business	Mailing Address
~~2195 FOX MILL RD.~~, SUITE 200 HERNDON VA 20171 13450 Sunrise Valley Dr.	~~2195 FOX MILL RD.~~, SUITE 200 HERNDON VA 20171 13450 Sunrise Valley Dr.

DO NOT WRITE IN THIS SPACE

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 54-1935233 ☐ Applied For ☐ Not Applicable

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	CPD DUGGAN, JAMES H 2195 FOX MILL RD., SUITE 200 HERNDON VA 20171	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPF WALLACE, STEPHEN G ~~2195 FOX MILL RD.~~, SUITE 200 13450 Sunrise Valley Dr. HERNDON VA 20171	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President + Secretary Wallace, Stephen G. 13450 Sunrise Valley Dr. Ste 200 Herndon VA 20171 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director CANFIELD, PHILLIP 233 S. WACKER DR., SUITE 6100 CHICAGO IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Canfield, Philip 233 S. Wacker Dr. Suite 6100 Chicago IL 60606 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAUNER, BRUCE V 233 S. WACKER DR., SUITE 6100 CHICAGO IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Rauner, Bruce 233 S. Wacker Dr. Suite 6100 Chicago IL 60606 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO LICATA, PETER J ~~2195 FOX MILL RD~~ SUITE 200 13450 Sunrise Valley Dr. HERNDON VA 20171	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO + President Peter J. Licata 13450 Sunrise Valley Dr Ste 200 Herndon VA 20171 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Malcolm Clarke - Secretary ~~2195 Fox Mill Rd~~ Suite 200 Herndon, VA 20171 13450 Sunrise Valley Dr. ☐ Change ☒ Addition

CR2E034 (9/01)

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: Malcolm Clarke 1/14/02 703-561-4051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #