

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90097 005 \*\*\*150.00

**DOCUMENT # F99000002885**

1. Entity Name  
**TELEIGENT SERVICES, INC.**

Principal Place of Business

**SUITE 400  
 8065 LEESBURG PIKE  
 VIENNA VA 22182**

Mailing Address

**SUITE 400  
 8065 LEESBURG PIKE  
 VIENNA VA 22182**

2. Principal Place of Business

**460 Herndon Parkway**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Herndon, VA 20170**

Zip

**20170**

Country

**USA**

3. Mailing Address

**460 Herndon Parkway**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Herndon, VA 20170**

Zip

**20170**

Country

**USA**

4. FEI Number

**51-0390077**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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, 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

|                |                               |                                            |
|----------------|-------------------------------|--------------------------------------------|
| TITLE          | VPCT                          | <input checked="" type="checkbox"/> Delete |
| NAME           | WRIGHT, JOHN C                |                                            |
| STREET ADDRESS | 8065 LEESBURG PIKE, SUITE 400 |                                            |
| CITY-ST-ZIP    | VIENNA VA 22182               |                                            |
| TITLE          | SVP                           | <input checked="" type="checkbox"/> Delete |
| NAME           | BELL, STEVEN F                |                                            |
| STREET ADDRESS | 8065 LEESBURG PIKE, SUITE 400 |                                            |
| CITY-ST-ZIP    | VIENNA VA 22182               |                                            |
| TITLE          | SVP                           | <input checked="" type="checkbox"/> Delete |
| NAME           | PIAZZA, DAVID                 |                                            |
| STREET ADDRESS | 8065 LEESBURG PIKE, SUITE 400 |                                            |
| CITY-ST-ZIP    | VIENNA VA 22182               |                                            |
| TITLE          | CEO                           | <input checked="" type="checkbox"/> Delete |
| NAME           | MANDL, ALEX J                 |                                            |
| STREET ADDRESS | 8065 LEESBURG PIKE, SUITE 400 |                                            |
| CITY-ST-ZIP    | VIENNA VA 22182               |                                            |
| TITLE          | VAS                           | <input checked="" type="checkbox"/> Delete |
| NAME           | HARRIS, LAURENCE E            |                                            |
| STREET ADDRESS | 8065 LEESBURG PIKE, SUITE 400 |                                            |
| CITY-ST-ZIP    | VIENNA VA 22182               |                                            |
| TITLE          | VAS                           | <input checked="" type="checkbox"/> Delete |
| NAME           | HARRIS, LAURENCE E            |                                            |
| STREET ADDRESS | 8065 LEESBURG PIKE, SUITE 400 |                                            |
| CITY-ST-ZIP    | VIENNA VA 22182               |                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |                                                                                         |
|----------------|------------------------------|-----------------------------------------------------------------------------------------|
| TITLE          | D                            | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | James Continenza             |                                                                                         |
| STREET ADDRESS | 460 Herndon Pkwy., Suite 100 |                                                                                         |
| CITY-ST-ZIP    | Herndon, VA 20170            |                                                                                         |
| TITLE          | D/V/S                        | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Stuart Kupinsky              |                                                                                         |
| STREET ADDRESS | 460 Herndon Pkwy., Suite 100 |                                                                                         |
| CITY-ST-ZIP    | Herndon, VA 20170            |                                                                                         |
| TITLE          | AS                           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Terri Natoli                 |                                                                                         |
| STREET ADDRESS | 460 Herndon Pkwy., Suite 100 |                                                                                         |
| CITY-ST-ZIP    | Herndon, VA 20170            |                                                                                         |
| TITLE          | AS                           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Alessandra Daigneault        |                                                                                         |
| STREET ADDRESS | 460 Herndon Pkwy., Suite 100 |                                                                                         |
| CITY-ST-ZIP    | Herndon, VA 20170            |                                                                                         |
| TITLE          | AS                           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Brian Leventhal              |                                                                                         |
| STREET ADDRESS | 460 Herndon Pkwy., Suite 100 |                                                                                         |
| CITY-ST-ZIP    | Herndon, VA 20170            |                                                                                         |
| TITLE          | AS                           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Stacy Dees                   |                                                                                         |
| STREET ADDRESS | 460 Herndon Pkwy., Suite 100 |                                                                                         |
| CITY-ST-ZIP    | Herndon, VA 20170            |                                                                                         |

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

*Barbara A. Sneasy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara A. Sneasy*

Date

*4/25/02 703-326-4400*  
 Daytime Phone #

CR2E034 (9/01)

ATTACH # F99000000 Z885/  
655946

Director and Officer Rider

| TITLE                                                          | NAME                     | ADDRESS                                               |
|----------------------------------------------------------------|--------------------------|-------------------------------------------------------|
| Director, Chief Operating Officer                              | James V. Continenza      | 460 Herndon Parkway<br>Suite 100<br>Herndon, VA 20170 |
| Director, Senior Vice President, General Counsel and Secretary | Stuart H. Kupinsky       | 460 Herndon Parkway<br>Suite 100<br>Herndon, VA 20170 |
| Assistant Secretary                                            | Terri B. Natoli          | 460 Herndon Parkway<br>Suite 100<br>Herndon, VA 20170 |
| Assistant Secretary                                            | Brian H. Leventhal       | 460 Herndon Parkway<br>Suite 100<br>Herndon, VA 20170 |
| Assistant Secretary                                            | Alessandra F. Daigneault | 460 Herndon Parkway<br>Suite 100<br>Herndon, VA 20170 |
| Assistant Treasurer                                            | Barbara A. Sweasy        | 460 Herndon Parkway<br>Suite 100<br>Herndon, VA 20170 |
| Assistant Secretary                                            | Stacy R. Dees            | 460 Herndon Parkway<br>Suite 100<br>Herndon, VA 20170 |