2002 UNIFORM BUSINESS REPORT (UBR)

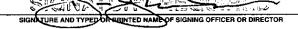
DOCUMENT # F9900003290 CYBERREP, INC.

FILED Jul 04, 2002 8:00 am Secretary of State

1: Entity Nam CYBERRI						07-04-2002 90562		
Principal Place of Business 8300 GREENSBORO DRIVE #600 MCLEAN VA 22102		Mailing Address 8300 GREENSBORO DRIVE #600 MCLEAN VA 22102				or wildtham and die	04:0	
	- 11-						ALLOSSE AND MARKET	4-45 1511 1811 1811
2. Principal P	Place of Business	3. Mailing Address			- \			
-		Colta And Harris			_	The second secon		*,*
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. F	FEI Number 54-1604542		oplied For ot Applicable	
Zip	Country	Zip	Country		5. (Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current I	Registered Agent	l		7. 1	Name and Address of New Registered	Fee Require	<u> </u>
<u>`</u>	V. Hanne and Address of Odffell (- Agrator on Agent		Name		The state of the stage of		
1010 E. F	ROSE STREET	·	-	Street Addre	ss (P.O. E	Box Number is Not Acceptable)		
LAKELAN	ID FL 33801			City		F	Zip Code	<u></u> е
Tax filing	Signature, typed or printed name of registered agent a prattion is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	***	/!!! FEE 002 Fee		00	DATE 10. Election Campaign Financing Trust Fund Contribution.	\$5.0	0 May Be I to Fees
11.	OFFICERS AND		12.			L DDITIONS/CHANGES TO OFFICERS AT	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS WONG, S. TIEN 8300 GREENSBORO DR., #600 MCLEAN VA	□ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALLEY, DOUGLAS E 8300 GREENSBORO DR., #600 MCLEAN VA	□ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, FRANK J 8300 GREENSBORO DR., #600 MCLEAN VA	□ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS City-ST-ZIP	D RYAN, PETER 8300 GREENSBORO DR., #600 MCLEAN VA	□ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTBROOK, THOMAS 1919 PENNSYLVANIA AVE NW WASHINGTON DC	☐ Delete		Į.			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete					☐ Change	Addition

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:



6/19/02

703.917.9170

Daytime Phone #