

2000 UNIFORM BUSINESS REPORT (UBR)

7/24/00-90008-042-\$550.00-\$550.00

DOCUMENT # F99000003337

1. Entity Name

PIONEER POINT MANAGER, INC.

Principal Place of Business

2 EATON STREET
SUITE 1100
HAMPTON VA 23669

Mailing Address

2 EATON STREET
SUITE 1100
HAMPTON VA 23669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

54-1947244

APPLIED FOR

Applied For

Not Applicable

4. FEI Number

54-1947244

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

CT 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	JOSEPH, EDWIN A	
STREET ADDRESS	2 EATON STREET SUITE 1100	
CITY-ST-ZIP	HAMPTON VA 23669	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAYNE, AUBREY L JR	
STREET ADDRESS	2 EATON STREET SUITE 1100	
CITY-ST-ZIP	HAMPTON VA 23669	
TITLE	S	<input type="checkbox"/> Delete
NAME	MIERCHUK, KIM E	
STREET ADDRESS	2 EATON STREET SUITE 1100	
CITY-ST-ZIP	HAMPTON VA 23669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE OF REGISTERED AGENT

7/17/00 (757) 896-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)