

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003458

1. Entity Name

VISUAL ONE SYSTEMS, CORP.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90131 021 ***150.00

Principal Place of Business

Mailing Address

2096 GAITHER ROAD, SUITE 100
ROCKVILLE MD 20850

2096 GAITHER ROAD, SUITE 100
ROCKVILLE MD 20855-2762

00020730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7361 CALHOUN PLACE

7361 CALHOUN PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

Suite 301

City & State

City & State

Rockville, MD

Rockville, MD

Zip

Country

20855

USA

Zip

Country

20855

USA

4. FEI Number

52-1137964

Applied For

Not Applicable

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

WILHELM, GREGORY L
3001 ALOMA AVENUE, #121
WINTER PARK FL 32792

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 | CP | <input type="checkbox"/> Delete |
| NAME | BURROUGHS, DAVID B | |
| STREET ADDRESS | 2096 GAITHER ROAD, SUITE 100 | |
| CITY-ST-ZIP | ROCKVILLE MD 20850 | |
| 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 |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 7361 CALHOUN PLACE, Suite 301 | |
| CITY-ST-ZIP | Rockville, MD 20855 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: DAVID B. BURROUGHS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

301-926-2500

Daytime Phone #

CR2E034 (9/99)