

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003880

1. Entity Name

MEDICAL DEVELOPMENT INTERNATIONAL LTD, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90307 032 ***150.00

Principal Place of Business

14800 CONFERENCE CENTER DRIVE, STE 205
CHANTILLY VA 20151

Mailing Address

14800 CONFERENCE CENTER DRIVE, STE 205
CHANTILLY VA 20151

19450 Deerfield Avenue
Suite 400
Lansdowne, VA 20176

00024719

2. Principal Place of Business

19450 Deerfield Ave

3. Mailing Address

19450 Deerfield Ave

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Lansdowne VA

City & State

Lansdowne VA

Zip

20176

Country

USA

Zip

20176

Country

USA

4. FEI Number 52-1811150

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

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, 2001 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 PCD
NAME WILLICH, RICHARD R
STREET ADDRESS 14800 CONFERENCE CENTER DRIVE, STE 205
CITY-ST-ZIP CHANTILLY VA ☐ Delete

TITLE DS
NAME BICKEL, RUDOLF G
STREET ADDRESS 14800 CONFERENCE CNTR DR STE 205
CITY-ST-ZIP CHANTILLY VA 20151- ☐ Delete

TITLE T
NAME RICHARDS, MATTHEW
STREET ADDRESS 14800 CONFERENCE CENTER DRIVE, STE 205
CITY-ST-ZIP CHANTILLY VA ☐ Delete

TITLE D
NAME BROWN, STEPHEN
STREET ADDRESS 14800 CONFERENCE CENTER DRIVE, STE 205
CITY-ST-ZIP CHANTILLY VA ☒ Delete

TITLE D
NAME FLAUGH, DAVE
STREET ADDRESS 14800 CONFERENCE CENTER DRIVE, STE 205
CITY-ST-ZIP CHANTILLY VA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP
NAME WILLICH, THEODORE
STREET ADDRESS 14800 CONFERENCE CTR DR, STE 205
CITY-ST-ZIP CHANTILLY, VA ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE T
NAME WOLCOTT, BRUCE
STREET ADDRESS 14800 CONFERENCE CTR. DR, STE 205
CITY-ST-ZIP CHANTILLY, VA ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 703/88-3311 X312
Date Daytime Phone #

CR2E034 (10/00)