

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004267

1. Entity Name  
MORI SPC II, INC.



FILED

03 AUG -1 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
DEPT. 52.924.13  
10400 FERNWOOD ROAD  
BETHESDA MD 20817

Mailing Address  
DEPT. 52.924.13  
10400 FERNWOOD ROAD  
BETHESDA MD 20817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-2186099

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
P  
WEISZ, STEPHEN P  
STREET ADDRESS  
11016 OLD COACH ROAD  
CITY-ST-ZIP  
POTOMAC MD 20854

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

TITLE NAME ☐ Delete  
V  
PULSE, M. LESTER JR.  
STREET ADDRESS  
11202 FARMLAND DRIVE  
CITY-ST-ZIP  
ROCKVILLE MD 20852

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400021988324  
08/01/03--01034--036 \*\*550.00

TITLE NAME ☐ Delete  
S  
INGALLS, DOROTHY S  
STREET ADDRESS  
2112 HUIDEKOPER PLACE, N.W.  
CITY-ST-ZIP  
WASHINGTON DC 20007

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

TITLE NAME ☐ Delete  
AS  
BENZ, NANCY L  
STREET ADDRESS  
9132 WILLOWGATE LANE  
CITY-ST-ZIP  
POTOMAC MD 20854

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

TITLE NAME ☐ Delete  
AS  
STANT, JEFF  
STREET ADDRESS  
717 N. OAKLAND STREET  
CITY-ST-ZIP  
ARLINGTON VA 22203

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

TITLE NAME ☐ Delete  
AS  
HANDOLON, CAROLYN B  
STREET ADDRESS  
10400 FERNWOOD RD  
CITY-ST-ZIP  
BETHESDA MD 20817

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an officer-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUL 29 2003

301-380-8742

Date

Daytime Phone #

CR2E034 (10/02)