

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004359

1. Entity Name

MERSCORP, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90021 009 \*\*\*150.00

Principal Place of Business

Mailing Address

8201 GREENSBORO DRIVE, SUITE 350  
MCLEAN VA 22102

8201 GREENSBORO DRIVE, SUITE 350  
MCLEAN VA 22102-3869

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

52-1948396

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

C T 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 \$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 PD ☐ Delete  
NAME ARNOLD, R K  
STREET ADDRESS 904 LEIGH MILL ROAD  
CITY-ST-ZIP GREAT FALLS VA 22066

TITLE Assistant Treasurer ☐ Change ☒ Addition  
NAME Juanita Russell  
STREET ADDRESS 43152 Malloch Place  
CITY-ST-ZIP Leesburg, VA 20176

TITLE V ☐ Delete  
NAME MULLEN, CARSON A  
STREET ADDRESS 26036 TALAMORE DRIVE  
CITY-ST-ZIP SOUTH RIDING VA 20152

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

TITLE V ☐ Delete  
NAME MCLAUGHLIN, DANIEL R  
STREET ADDRESS 12723 OAK FARMS DRIVE  
CITY-ST-ZIP OAK HILL VA 20171

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

TITLE V ☐ Delete  
NAME HULTMAN, WILLIAM C  
STREET ADDRESS 13804 STONEFIELD DRIVE  
CITY-ST-ZIP CLIFTON VA 20124-2544

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

TITLE V ☒ Delete  
NAME LEW, WEYMAN  
STREET ADDRESS 7401 EASTMORELAND ROAD, #416  
CITY-ST-ZIP ANNANDALE VA 22003

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

TITLE AS ☐ Delete  
NAME HORSTKAMP, SHARON M  
STREET ADDRESS 1315 BAYSHIRE LANE  
CITY-ST-ZIP HERNDON VA 20170

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)