

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004514

1. Entity Name

Collegelmpact.com, Inc.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90008 018 ***150.00

Principal Place of Business

Mailing Address

2020 K Street, NW

Same

6th Floor

Washington, DC 20006

2. Principal Place of Business

2020 K Street, NW

3. Mailing Address

2020 K Street, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10th Floor

10th Floor

City & State

City & State

Washington DC 20006

Washington DC

Zip

Zip

20006

Country

Country

USA

20006

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation Systems
1200 South Pine Island Rd.
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

CT Corporation Systems

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	President	Richard Hozik	2020 K St, NW 6th Fl	
			Washington DC 20006	
	Secretary	Richard Hozik	2020 K Street, NW 6th Fl	
			Washington DC 20006	
	Director	Richard Hozik	2020 K Street, NW 6th Fl	
			Washington DC 20006	

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:

Richard Hozik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

202-667-3400

Daytime Phone #

CR2E034 (9/99)