

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004785

1. Entity Name  
MAINCONTROL, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90261 028 \*\*\*150.00

Principal Place of Business

Mailing Address

7900 WESTPARK DR  
500  
MC LEAN VA 22102

7900 WESTPARK DR  
500  
MC LEAN VA 22102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

T-500

Suite, Apt. #, etc.

T-500

City & State

City & State

Zip

Country

U S

Zip

Country

U S

4. FEI Number 54-1798820

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME PINCHEV, ALEX  
STREET ADDRESS 8230 BOONE BLVD, SUITE 200  
CITY-ST-ZIP VIENNA VA 22182

TITLE P/D/C ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7900 WESTPARK DRIVE, SUITE T-500  
CITY-ST-ZIP MC LEAN VA 22102

TITLE SD ☐ Delete  
NAME PIPER, DAVID J  
STREET ADDRESS 8230 BOONE BLVD., SUITE 200  
CITY-ST-ZIP VIENNA VA 22182

TITLE T/S ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7900 WESTPARK DRIVE, T-500  
CITY-ST-ZIP MC LEAN, VA 22102

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME JON BAYLESS  
STREET ADDRESS 941 CIRCLE-IN-THE-WOODS  
CITY-ST-ZIP MC KINNEY TX 75069

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME DENNIS GORMAN  
STREET ADDRESS 3540 RANCHERO ROAD  
CITY-ST-ZIP PLANO, TX 75093

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME JOHN BURTON  
STREET ADDRESS 1110 HARVEY ROAD  
CITY-ST-ZIP MC LEAN VA 22101

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME J. CARTER BEESE, JR.  
STREET ADDRESS 800 17th STREET, NW  
CITY-ST-ZIP WASHINGTON, DC 20006

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 (10/00)