

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90032 025 \*\*\*150.00

**DOCUMENT # F99000004789**

1. Entity Name  
**CARS-DBSPE4, INC.**



Principal Place of Business  
**8270 GREENSBORO DR. #950  
SUITE 950  
MCLEAN, VA 22102**

Mailing Address  
**8270 GREENSBORO DR. #950  
SUITE 950  
MCLEAN, VA 22102**

40046500



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162006 Chg-P CR2E034 (11/05)

4. FEI Number  
**54-1917713**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

## 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. 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, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME	PCEO ECKERT, THOMAS D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8270 GREENSBORO DR. SUITE 950	
CITY-ST-ZIP	MCLEAN, VA 22102	
TITLE NAME	VCFO KAY, DAVID S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8270 GREENSBORO DR. SUITE 950	
CITY-ST-ZIP	MCLEAN, VA 22102	
TITLE NAME	VSD WEAVER, JOHN M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8270 GREENSBORO DR. SUITE 950	
CITY-ST-ZIP	MCLEAN, VA 22102	
TITLE NAME	D BURNS, KEVIN	<input type="checkbox"/> Delete
STREET ADDRESS	8270 GREENSBORO DR.	
CITY-ST-ZIP	MCLEAN, VA 22102	
TITLE NAME	AS POTTER, CATHERINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8270 GREENSBORO DR. SUITE 950	
CITY-ST-ZIP	MCLEAN, VA 22102	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	President Francis X. Tansley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8270 Greensboro Dr., Suite 950	
CITY-ST-ZIP	McLean VA 22102	
TITLE NAME	Executive Vice President & Sec. David Lushki	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8270 Greensboro Dr., Suite 950	
CITY-ST-ZIP	McLean VA 22102	
TITLE NAME	Vice President & Treasurer Brian Summers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8270 Greensboro Dr., Suite 950	
CITY-ST-ZIP	McLean VA 22102	
TITLE NAME	Vice President & Asst. Secretary Jean Marie Apruzzese	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8270 Greensboro Dr., Suite 950	
CITY-ST-ZIP	McLean VA 22102	
TITLE NAME	Sr. Vice President & Asst. Sec. Paul McEvoy	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8270 Greensboro Dr., Suite 950	
CITY-ST-ZIP	McLean VA 22102	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

**SIGNATURE:**

*Jean Marie Apruzzese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Jean Marie Apruzzese -3-06**  
Vice President

Date

Daytime Phone #

**288-3675**