

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000005082**

1. Entity Name

PSI SERVICES III, INC.**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90032 046 ****61.25

0087244

Principal Place of Business

**4600 EAST -WEST HIGHWAY, SUITE 900
BETHESDA MD 20814-3415**

Mailing Address

**4600 EAST -WEST HIGHWAY, SUITE 900
BETHESDA MD 20814-3415****B0007205**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3530036**Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WALLACE, RICKY B
10512 INNISBROOK DRIVE
JACKSONVILLE FL 32222**

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
ABRAMOWITZ, ELIZABETH A
4600 EAST -WEST HIGHWAY, SUITE 900
BETHESDA MD 20814-3415** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCS
ALI, YVONNE B
4600 EAST -WEST HIGHWAY, SUITE 900
BETHESDA MD 20814-3415** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
ABRAMOWITZ, MICHAEL E
4600 EAST -WEST HIGHWAY, SUITE 900
BETHESDA MD 20814-3415** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PANDIT, SHELIA
200 EAST 75TH STREET, SUITE 208
CHICAGO IL 60619** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DORTCH, HELEN B
4600 EAST -WEST HIGHWAY, SUITE 900
BETHESDA MD 20814-3415** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 617, 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:

ELIZABETH ABRAMOWITZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/4/01**
Date**301-654-3903**
Daytime Phone #

CR2E037 (10/00)