

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91590 027 ****61.25

DOCUMENT # F99000005082

1. Entity Name

PSI SERVICES III, INC.

Principal Place of Business

Mailing Address

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

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

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

22-3530036

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

~~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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CP	<input type="checkbox"/> Delete
NAME	ABRAMOWITZ, ELIZABETH A	
STREET ADDRESS	4600 EAST -WEST HIGHWAY, SUITE 900	
CITY-ST-ZIP	BETHESDA MD 20814-3415	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ALI, YVONNE B	
STREET ADDRESS	4600 EAST -WEST HIGHWAY, SUITE 900	
CITY-ST-ZIP	BETHESDA MD 20814-3415	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ABRAMOWITZ, MICHAEL E	
STREET ADDRESS	4600 EAST -WEST HIGHWAY, SUITE 900	
CITY-ST-ZIP	BETHESDA MD 20814-3415	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DORTCH, HELEN B	
STREET ADDRESS	4600 EAST -WEST HIGHWAY, SUITE 900	
CITY-ST-ZIP	BETHESDA MD 20814-3415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, Exec Admin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, Financial Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, CEO S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucas, Philip	
STREET ADDRESS	4600 East-West Highway, Suite 900	
CITY-ST-ZIP	Bethesda, MD 20814-3415	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tolson, Vincent P	
STREET ADDRESS	4600 East-West Highway, Suite 900	
CITY-ST-ZIP	Bethesda, MD 20814-3415	

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:

[Signature] **ME Abramowitz** 5/1/02

301-654-3903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)