2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006029

1. Entity Name
Broadband Office Communications, Inc

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business (old)
2070 Chain Bridge Rd Ste G99
Vienna, VA 22182

Mailing Address old

2. Principal Place of Business (NEW)	3. Mailing Address
2900 Telestar Ct	2900 Telestar Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Falls Church, VA	City & State: Falls Church, VA
Zip: 22042 Country: USA	Zip: 22042 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2003167 — 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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☑ (See criteria on back)

FILE NOW!!! FEE IS $550.00 After SEPTEMBER ..., 2000 will be $750.00 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	
President Johnson Aggoua 2070 Chain Bridge Rd Ste. G99 Vienna, VA 22182	☑ Delete	TITLE President NAME Johnson Aggoua STREET ADDRESS 2900 Telestar Ct CITY-ST-ZIP Falls Church, VA 22042	☑ Change ☐ Addition
Vice President Robert Traylor 2070 Chain Bridge Rd Ste G99 Vienna, VA 22182	☑ Delete	TITLE Vice President NAME Robert Traylor STREET ADDRESS 2900 Telestar Ct CITY-ST-ZIP Falls Church, VA 22042	☑ Change ☐ Addition
ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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****550.00 ****550.00

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CR2E034 (5/00)

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: Johnson Aggoua 9/08/00 (703) 641-6071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #