

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90019 020 \*\*\*150.00

**DOCUMENT #**

F990000006472

1. Entity Name

The Westmoreland Agency, Inc.

Principal Place of Business

Mailing Address

456 N. Kimball Place  
 Boise, ID 83704

Same

2. Principal Place of Business

N/A

Suite, Apt. #, etc.

3. Mailing Address

N/A

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-185-8389

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company  
 1201 Hays Street  
 Suite 105  
 Tallahassee, FL 32301

Name

N/A

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, 2000 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

TITLE NAME	President Derek C. Mohar	<input type="checkbox"/> Delete
STREET ADDRESS	2980 Fairview Park Drive	
CITY - ST - ZIP	Falls Church, VA 22042	
TITLE NAME	Assistant Vice President Lori D. Baruch	<input type="checkbox"/> Delete
STREET ADDRESS	2980 Fairview Park Drive	
CITY - ST - ZIP	Falls Church, VA 22042	
TITLE NAME	Vice President Kenneth L. Cirillo	<input type="checkbox"/> Delete
STREET ADDRESS	2980 Fairview Park Drive	
CITY - ST - ZIP	Falls Church, VA 22042	
TITLE NAME	Secretary Michael I. Shutterly	<input type="checkbox"/> Delete
STREET ADDRESS	2980 Fairview Park Drive	
CITY - ST - ZIP	Falls Church, VA 22042	
TITLE NAME	Treasurer James C. Wilson	<input type="checkbox"/> Delete
STREET ADDRESS	2980 Fairview Park Drive	
CITY - ST - ZIP	Falls Church, VA 22042	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

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

Michael I. Shutterly  
 Secretary

4/24/00 703-205-1000

Date

Daytime Phone #