

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 23, 2002 8:00 am**  
**Secretary of State**

09-23-2002 90195 007 \*\*\*\*50.00

**DOCUMENT # M01000000444**

1. Entity Name

GENICOM, L.L.C.

Principal Place of Business

Mailing Address

4500 DALY DR. STE. 100  
 CHANTILLY VA 20151

4500 DALY DR. STE. 100  
 CHANTILLY VA 20151

2. Principal Place of Business

ONE SOLUTIONS WAY  
 Suite, Apt. #, etc.

3. Mailing Address

ONE SOLUTIONS WAY  
 Suite, Apt. #, etc.

City & State

WAYNESBORO VA

City & State

WAYNESBORO VA

Zip

22980

Country

USA

Zip

22980

Country

USA

4. FEI Number 54-1996340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MANAGER & VP ☐ Delete  
 NAME RODGER R. KROUSE  
 STREET ADDRESS 5200 TOWN CENTER ROAD, SUITE 470  
 CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MANAGER & VP ☐ Delete  
 NAME MARC J. LEDER  
 STREET ADDRESS 5200 TOWN CENTER ROAD, SUITE 470  
 CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MANAGER & VP ☐ Delete  
 NAME CLARENCE E. TERRY  
 STREET ADDRESS 5200 TOWN CENTER ROAD, SUITE 470  
 CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MANAGER & CEO ☐ Delete  
 NAME ARTHUR D. GALLO  
 STREET ADDRESS 4500 DALY DR. SUITE 100  
 CITY-ST-ZIP CHANTILLY VA 20151

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SENIOR VP ☐ Delete  
 NAME RICHARD MARKS  
 STREET ADDRESS 4500 DALY DR. SUITE 100  
 CITY-ST-ZIP CHANTILLY VA 20151

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP & CFO ☐ Delete  
 NAME DANIEL J. ADRAGNA  
 STREET ADDRESS 4500 DALY DR. SUITE 100  
 CITY-ST-ZIP CHANTILLY VA 20151

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]* SIGNATURE REQUIRED

9-20-02

540 949 1441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)