2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000699

1. Entity Name

DECISION STRATEGIES/FAIRFAX INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
3141 FAIRVIEW PARK DRIVE. SUITE 850 FALLS CHURCH VA 22042	3141 FAIRVIEW PARK DRIVE. SUITE 850 FALLS CHURCH VA 22042

"FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -7 AM 10: 02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same as above

Suite, Apt. #, etc.

City & State

Zip | Country *Fairfax*

3. Mailing Address

Same as above

Suite, Apt. #, etc.

City & State

Zip | Country *Fairfax*

4. FEI Number 54-1865964

Applied For | Not Applicable

5. Certificate of Status Desired ☐ | **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.

526 EAST PARK AVENUE, SUITE 200

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

no change

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 _____ *n/a* _____

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR NAME HERSHMAN, MICHAEL J STREET ADDRESS 3141 FAIRVIEW PARK DRIVE, SUITE 850 CITY-ST-ZIP FALLS CHURCH VA 22042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 7000033540 37--1 -08/11/00--01083--009 *****50.00 *****50.00
TITLE MGR NAME SCHWARTZ, BART M STREET ADDRESS 3141 FAIRVIEW PARK DRIVE, SUITE 850 CITY-ST-ZIP FALLS CHURCH VA 22042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (5/00)

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 REQUIRED_____   (703) 207-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #

Michael J. Hershman, Manager