

2001 UNIFORM BUSINESS REPORT (UBR)

0027357 AF

DOCUMENT # M98000001485

1. Entity Name

CRR FINANCIAL SERVICES, LLC

FILED

01 APR 19 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4115 ANNANDALE ROAD, SUITE 300
ANNANDALE VA 22003

Mailing Address

4115 ANNANDALE ROAD, SUITE 300
ANNANDALE VA 22003

2. Principal Place of Business

5264 Dawes Ave.

Suite, Apt. #, etc.

3. Mailing Address

5264 Dawes Ave

Suite, Apt. #, etc.

City & State

Alexandria, VA

City & State

Alexandria, VA

Zip

Country

22311-1404 USA

Zip

Country

22311-1404 USA

4. FEI Number

54-1920033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM VARBLOW, CARL R ☐ Delete
STREET ADDRESS 4115 ANNANDALE ROAD, SUITE 300
CITY-ST-ZIP ANNANDALE VA 22003

TITLE NAME MGRM VARBLOW, RONALD C ☐ Delete
STREET ADDRESS 4115 ANNANDALE ROAD, SUITE 300
CITY-ST-ZIP ANNANDALE VA 22003

TITLE NAME MGRM FLOYD, ROBERT R ☐ Delete
STREET ADDRESS 4115 ANNANDALE ROAD, SUITE 300
CITY-ST-ZIP ANNANDALE VA 22003

TITLE NAME MGRM VARBLOW, CONRAD R ☐ Delete
STREET ADDRESS 12700 THUNDER CHASE DRIVE
CITY-ST-ZIP RESTON VA 20191

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 5264 Dawes Avenue
CITY-ST-ZIP Alexandria, VA 22311-1404

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200004084
CITY-ST-ZIP -04/27/01--01046--022
*****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Carl Varblow Managing Member

04/13/2001 (703) 575-9705

CR2E083 (11/00)