

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01860

1. Entity Name

PLANNING SYSTEMS INCORPORATED

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

05-16-2000 90127 038 ***150.00

Principal Place of Business

Mailing Address

7923 JONES BRANCH DRIVE
MCLEAN VA 22102

7923 JONES BRANCH DRIVE
MCLEAN VA 22102-3304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0959900

Applied For

Not Applicable

Zip

Country

Zip

Country

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
C/O CT 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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BANAS, PAUL J	
STREET ADDRESS	802 BOBOLINK CT	
CITY-ST-ZIP	SLIDELL LA 70461	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSSEL, ROBERT E	
STREET ADDRESS	11813 WINTERSET TERR	
CITY-ST-ZIP	POTOMAC MD 20854	
TITLE	D	<input type="checkbox"/> Delete
NAME	EISNER, HOWARD	
STREET ADDRESS	6521 KENHILL ROAD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	D	<input type="checkbox"/> Delete
NAME	PICKETT, DAVID M.	
STREET ADDRESS	21024 FOX HOLLOW LANE	
CITY-ST-ZIP	LEESBURG VA 20175	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	O'NEILL, DEAN	
STREET ADDRESS	8897 BOND COURT	
CITY-ST-ZIP	MANASSAS VA 20110	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	FREIDMAN, ALAN J	
STREET ADDRESS	10905 HUNTER STATION RD.	
CITY-ST-ZIP	VIENNA VA 22181	

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

DEAN O'NEILL, CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00
Date

7034484243
Daytime Phone #

CR2E034 (9/99)