## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P01860 DOCUMENT #

1. Entity Name

PLANNING SYSTEMS INCORPORTED



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90530 010 \*\*\*150.00

|                                                                                                                      |                                                                                                                 | <u></u>                                                                                                        |                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                   |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------|
|                                                                                                                      | ce of Business<br>SE VALLEY DR<br>20191                                                                         | Mailing Address<br>12030 SUNRISE VALLEY<br>400<br>RESTON VA 20191                                              | 12030 SUNRISE VALLEY DR<br>400           |                  | IBAR (II) BANAN (IIBAN KRIIA AMIII)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FONT ÖTTUR FROM DARA OTOUF A | Hario alarij (ra) |
| 2. Principal F                                                                                                       | Place of Business                                                                                               | 3. Mailing Address                                                                                             | 3. Mailing Address                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                   |
| Suite, Apt.                                                                                                          | #, etc.                                                                                                         | Suite, Apt. #, etc.                                                                                            | Suite, Apt. #, etc.                      |                  | ☐ CHECK HERE IF MAKING CHANGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                   |
| City & Stat                                                                                                          | te                                                                                                              | City & State                                                                                                   | City & State                             |                  | 4. FEI Number 52-0959900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | oplied For        |
| Zip Country                                                                                                          |                                                                                                                 | Zip                                                                                                            | Zip Country                              |                  | e of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$8.75 Ad                    |                   |
|                                                                                                                      | 6. Name and Address of Co                                                                                       | urrent Registered Agent                                                                                        | <u> </u>                                 | 7 Name an        | d Address of New Reg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u> </u>                     |                   |
|                                                                                                                      | or rights and rights of or                                                                                      | arront Hogrotolog Agont                                                                                        | Name                                     | 1. Name an       | d Address of New Hey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | istered Agent                |                   |
|                                                                                                                      | PORATION SYSTEM                                                                                                 |                                                                                                                | Street Address (P.O. Bo                  |                  | per is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                   |
|                                                                                                                      | CORPORATION SYSTEM<br>JTH PINE ISLAND ROAD                                                                      |                                                                                                                |                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                   |
| PLANTATI                                                                                                             | ON FL 33324                                                                                                     |                                                                                                                | City                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Zip Code                     |                   |
|                                                                                                                      | e named entity submits this staten<br>tions of registered agent.  Signature, typed or printed name of registers | nent for the purpose of changing its state of the purpose of changing its state of the purpose of changing its | s registered office or regis             |                  | oth, in the State of Florid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | la. I am familiar with,      | and accept        |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State |                                                                                                                 |                                                                                                                |                                          |                  | lection Campaign Finan<br>rust Fund Contribution.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | May Be is to Fees |
| 10.                                                                                                                  | OFFICERS                                                                                                        | S AND DIRECTORS                                                                                                | 11.                                      | ADDITIONS        | CHANGES TO OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RS AND DIRECTOR              | S IN 11           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                | D<br>BANAS, MR PAUL<br>54 CHAMALE COVE<br>SLIDELL LA 70460                                                      | ☐ Delete                                                                                                       | TITLE NAME STREET ADDRESS GITY-ST-ZIP    | lle a            | Hached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Change                     | ☐ Addition        |
| TITLE<br>NAME<br>Street address<br>City-St-Zip                                                                       | ST<br>JACKSON, MR RICHARD<br>1110 JANNEY STREET SW<br>LEESBURG VA 20175                                         | ☐ Delete                                                                                                       | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ Change                     | Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                       | D<br>Eisner, Howard<br>6521 Kenhill Road<br>Bethesda MD 20817                                                   | ☐ Delete                                                                                                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP    | िं रस्त र कर सुन | ngare de la composition della | ⊤ ☐ Change                   | Addition          |
| TITLE<br>NAME<br>Street address<br>City-St-Zip                                                                       | D<br>BROWN, LOUIS M<br>4801 MAURY LANE<br>ALEXANDRIA VA 22304                                                   | ☐ Delete                                                                                                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ Change                     | Addition          |
| TITLE<br>NAME<br>Street Address<br>City-St-Zip                                                                       | D<br>CANN, GERALD A<br>11021 MARCLIFF ROAD<br>ROCKVILLE MD 20852                                                | ☐ Delete                                                                                                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ Change                     | Addition          |
| TITLE<br>NAME<br>Street Address<br>City-St-Zip                                                                       | PCEO<br>FREIDMAN, ALAN J<br>10905 HUNTER STATION R<br>VIENNA VA 22181                                           | □ Delete<br><b>D</b> .                                                                                         | TITLE NAME STREET ADDRESS CITY-SI-ZIP    |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ Change                     | ☐ Addition        |

12. 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 10 or Block 11 if changed, or on an attachment with an address, write all other like empowered. SIGNATURE:

Attachment # PO1860/ 30015091

## PLANNING SYSTEMS INCORPORATED 12030 Sunrise Valley Drive, Suite 400, Reston Plaza I, Reston, VA 20191-3453 BOARD OF DIRECTORS — FY 2003

Dr. Alan J. Friedman 12030 Sunrise Valley Drive, Suite 400 Reston, VA 20191-3453 703-788-7750

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Dr. Howard Eisner George Washington University Engineering Management Department Gelman Library, 6th Floor Washington, DC 20052 202-994-0584

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