

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90304 039 ***150.00

DOCUMENT # P03124

1. Entity Name
RRD COGENERATION INC.

Principal Place of Business

**11911 FREEDOM DRIVE #600
RESTON VA 20190
US**

Mailing Address

**11911 FREEDOM DRIVE #600
RESTON VA 20190
US**

2. Principal Place of Business

**14850 CONFERENCE CTR DR
SUITE 100
CHANTILLY VA**

3. Mailing Address

**14850 CONFERENCE CENTER DR
SUITE 100
CHANTILLY VA**



DO NOT WRITE IN THIS SPACE

City & State
CHANTILLY VA

Zip
20151

Country

City & State
CHANTILLY VA

Zip
20151

Country

4. FEI Number **13-3228803**

Applied For
Not Applicable

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

**UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

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, 2001 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 **PD** ☐ Delete
NAME **WHETTON, DAVID J.**
STREET ADDRESS **11911 FREEDOM DRIVE SUITE 600**
CITY-ST-ZIP **RESTON VA**

TITLE ☒ Change ☐ Addition
NAME **14850 CONFERENCE CENTER DR**
STREET ADDRESS **CHANTILLY, VA; 20151**
CITY-ST-ZIP

TITLE **ASP** ☐ Delete
NAME **DALE, THOMAS P.**
STREET ADDRESS **11911 FREEDOM DRIVE SUITE 600**
CITY-ST-ZIP **RESTON VA**

TITLE ☒ Change ☐ Addition
NAME **14850 CONFERENCE CENTER DR**
STREET ADDRESS **CHANTILLY, VA 20151**
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **PATTERSON, KENNETH E.**
STREET ADDRESS **11911 FREEDOM DRIVE SUITE 600**
CITY-ST-ZIP **RESTON VA**

TITLE ☒ Change ☐ Addition
NAME **14850 CONFERENCE CENTER DR**
STREET ADDRESS **CHANTILLY, VA 20151**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **POOL, RICHARD**
STREET ADDRESS **11911 FREEDOM DR**
CITY-ST-ZIP **RESTON VA 20190**

TITLE ☒ Change ☐ Addition
NAME **ADDI, RICHARD**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SULLIVAN, MARY S**
STREET ADDRESS **11911 FREEDOM DRIVE SUITE 600**
CITY-ST-ZIP **RESTON VA**

TITLE ☒ Change ☐ Addition
NAME **14850 CONFERENCE CENTER DR**
STREET ADDRESS **CHANTILLY, VA 20151**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

M. Sullivan

MARY J. SULLIVAN, SECRETARY

4/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)