

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB 15 PM 3:53

2/16



01312011 Chg-NP CR2E037 (11/08)

4. FEI Number
52-1367276 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, VENESSA
10117 PRINCESS PALM AVENUE
SUITE 550
TAMPA, FL 33610

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2011**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLINS, DAVID R	
STREET ADDRESS	4100 N FAIRFAX DRIVE, SUITE 600	
CITY-ST-ZIP	ARLINGTON, VA 222031629	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ARGIROPOULOS, KATHLEEN O	
STREET ADDRESS	4100 N FAIRFAX DRIVE, SUITE 600	
CITY-ST-ZIP	ARLINGTON, VA 222031629	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GILLILAND, MIKE	
STREET ADDRESS	4100 N FAIRFAX DRIVE, SUITE 600	
CITY-ST-ZIP	ARLINGTON, VA 222031629	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	CASALINO, THOMAS	
STREET ADDRESS	4100 N FAIRFAX DRIVE, SUITE 600	
CITY-ST-ZIP	ARLINGTON, VA 222031629	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLACK, RANDY	
STREET ADDRESS	4100 N FAIRFAX DRIVE, SUITE 600	
CITY-ST-ZIP	ARLINGTON, VA 222031629	
TITLE	DC	<input type="checkbox"/> Delete
NAME	LANDUYT, DAVID	
STREET ADDRESS	4100 N FAIRFAX DRIVE, SUITE 600	
CITY-ST-ZIP	ARLINGTON, VA 222031629	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300194262683
CITY-ST-ZIP	02/15/11--01030--001 **\$1.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/11 703-816-8123

Date

Daytime Phone #