

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90173 011 ***150.00

DOCUMENT # **P11028**

1. Entity Name

DYNCORP INFORMATION & ENTERPRISE TECHNOLOGY, INC

Principal Place of Business

Mailing Address

**EDMUND HALLEY DRIVE
 VA 20191-3436**

**2000 EDMUND HALLEY DRIVE
 C/O TAX SERVICES
 RESTON VA 20191-3468
 US**

A0037690



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1048973

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

Name

CORPORATION Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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 **P** ☒ Delete
 NAME **HOBBS, GARY P**
 STREET ADDRESS **12750 FAIR LAKES CIRCLE**
 CITY-ST-ZIP **FAIRFAX VA 22033**

TITLE ☐ Change ☒ Addition
 NAME **Joe Cunningham**
 STREET ADDRESS **11710 Plaza America Dr**
 CITY-ST-ZIP **Reston Va 20190**

TITLE **D** ☐ Delete
 NAME **LOMBARDI, PAUL V**
 STREET ADDRESS **2000 EDMUND HALLEY DR**
 CITY-ST-ZIP **RESTON VA**

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

TITLE **D** ☐ Delete
 NAME **REICHARDT, DAVID L**
 STREET ADDRESS **2000 EDMUND HALLEY DR**
 CITY-ST-ZIP **RESTON VA**

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

TITLE **VP** ☐ Delete
 NAME **AGRATI, STEPHEN P**
 STREET ADDRESS **12750 FAIR LAKES CIRCLE**
 CITY-ST-ZIP **FAIRFAX VA 22033**

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

TITLE **AVP** ☐ Delete
 NAME **IRELAND, JOHN P**
 STREET ADDRESS **2000 EDMUND HALLEY DRIVE**
 CITY-ST-ZIP **RESTON VA 20191-3436**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

John P Ireland John PIRELAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

703-261-5456

Daytime Phone #