

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

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91587 048 ***550.00

DOCUMENT # P 17919

1. Entity Name

McLau REC Communications, Inc

116752

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6910 Richmond Hwy

Suite, Apt. #, etc.

3. Mailing Address

6910 Richmond Hwy

Suite, Apt. #, etc.

MS 082

DO NOT WRITE IN THIS SPACE

City & State

Alexandria, VA

City & State

Alexandria, VA

4. FEI Number

91-1199104

Applied For

Not Applicable

Zip

22306

Country

Zip

22306

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CSC

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE: CEO
NAME: Collins, William, L III
STREET ADDRESS: 6677 Richmond Highway
CITY-ST-ZIP: Alexandria, VA 22306

TITLE: CFO
NAME: Kelly, Vincent D
STREET ADDRESS: 6677 Richmond Highway
CITY-ST-ZIP: Alexandria, VA 22306

TITLE: AS
NAME: White, Shirley B
STREET ADDRESS: 6910 Richmond Hwy
CITY-ST-ZIP: Alexandria, VA 22306

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley B White Shirley B. White

5/22/02

Date

(703) 660-6677

Daytime Phone #

CR2E034B (12/01)