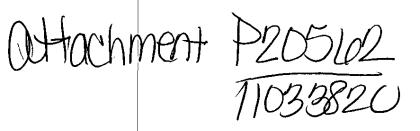
**2003 FOR PROFIT CORPORATION** 

#### May 02, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P20562 DOCUMENT # 1. Entity Name 05-02-2003 90209 030 \*\*\*150.00 COM/NAV REALTY CORP. Principal Place of Business Mailing Address 500-GLINTON CENTER DR 1133 19TH ST NW CLINTON MS 99956 **DEPT 8408** WASHINGTON DC 20036 2. Principal Place of Business 3. Mailing Address 22001 LOUDGUI Suite, Apt. #, etc. Suite, Apt. #, etc. TH CHECK HERE IF MAKING CHANGES City & State ASHBURN .City & State 4. FEI Number Applied For 64-0762666 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired 20147 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 536 E. PARK AVENUE TALLAHASSEE FL 32301 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition □ Delete TITLE Change NAGEL, WALTER NAME NAME STREET ADDRESS 1133 19TH STREET STREET ADDRESS SEE CITY-ST-ZIP **WASHINGTON DC 20036** CITY-ST-ZIP Defete PD TITLE TITLE Change ☐ Addition AMBULED NAME EBBERS, BERNARD NAME STREET ADDRESS STREET ADDRESS 500 CLINTON CENTER DR OFFICERS CITY-ST-ZIE CITY-ST-7IP **CLINTON MS 39056** Delete TITLE TITLE ☐ Change Addition SULLIVAN, SCOTT NAME NAME STREET ADDRESS **500 CLINTON CENTER DR** STREET ADDRESS CITY-ST-ZIP **CLINTON MS 39056** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 attachmen MICHAEL

SIGNATURE:

FILED



### **OFFICERS LIST**

# **COM/NAV REALTY CORP.**

President & CEO
Michael Capellas
22001 Loudoun County Pkwy.
Ashburn, VA 20147

Vice President & Treasurer Susan Mayer 22001 Loudoun County Pkwy. Ashburn, VA 20147

# Secretary

Michael Salsbury 22001 Loudoun County Pkwy. Ashburn, VA 20147

### **DIRECTOR**

Michael Capellas 22001 Loudoun County Pkwy. Ashburn, VA 20147