

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P28033**1. Entity Name
INTEGIC CORPORATION**Principal Place of Business**

14585 AVION PARKWAY

CHANTILLY
22021

VA

Mailing Address

14585 AVION PARKWAY

CHANTILLY
22021

VA

2. Principal Place of Business

14585 AVION PARKWAY

3. Mailing Address

14585 AVION PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CHANTILLY

VA

City & State

CHANTILLY

VA

4. FEI Number**54-1498081**

Applied For

Not Applicable

Zip
20151

Country

Zip
20151

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****CT CORPORATION SYSTEM**
1200 S. PINE ISLAND ROADPLANTATION
33324

US

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	STERN BRIAN	
STREET ADDRESS	200 CANAL VIEW BOULEVARD	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRIER, RONALD E.	
STREET ADDRESS	205 WILSON HALL	
CITY-ST-ZIP	HARRISONBURG VA	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARROLL, JAMES E.	
STREET ADDRESS	14585 AVION PARKWAY	
CITY-ST-ZIP	CHANTILLY VA	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	ENDRES, STEPHEN M.	
STREET ADDRESS	14585 AVION PARKWAY	
CITY-ST-ZIP	CHANTILLY VA	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JINDIA, GIRISH K.	
STREET ADDRESS	14585 AVION PARKWAY	
CITY-ST-ZIP	CHANTILLY VA	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	LAROSE, ROBERT E.	
STREET ADDRESS	14585 AVION PARKWAY	
CITY-ST-ZIP	CHANTILLY VA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: R E LaRose

PCD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)