2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 23, 2000 8:00 am
Secretary of State
05-19-2000 90033 031 ***150.00

DOCUMENT # P36390

1. Entity Name

DYNAMIC SYSTEMS SOUTHEASTERN, INC.

Principal Place of Business	Mailing Address
635 SLATERS LANE ALEXANDRIA VA 22314	635 SLATERS LANE ALEXANDRIA VA 22314-1177

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

FEI #

DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR** 52-1083850	Applied For
	Not Applicable

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
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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)   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	CEO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FLEISCHMANN, JOHN L.		NAME	
STREET ADDRESS	9492 CRESTHILL RD.		STREET ADDRESS	
CITY-ST-ZIP	MARSHALL VA 22115		CITY-ST-ZIP	
TITLE	CHAR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BENNET, DAVID H.		NAME	
STREET ADDRESS	10421 LAWYERS ROAD		STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EINZIG, ROBERT E.		NAME	
STREET ADDRESS	8724 EGGERT DRIVE		STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KENASTON, GEORGE W.		NAME	
STREET ADDRESS	10604 CANTERBERRY ROAD		STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX STATION VA		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #