

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90078 004 ***150.00

DOCUMENT # P36390

1. Entity Name

DYNAMIC SYSTEMS SOUTHEASTERN, INC.

Principal Place of Business

**635 SLATERS LANE
 ALEXANDRIA VA 22314**

Mailing Address

**635 SLATERS LANE
 ALEXANDRIA VA 22314**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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, 2002 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
 NAME **FLEISCHMANN, JOHN L.**
 STREET ADDRESS **9492 CRESTHILL RD.**
 CITY-ST-ZIP **MARSHALL VA 22115**

TITLE **C/P/D** ☐ Change ☒ Addition
 NAME **JAMES M. SMITH**
 STREET ADDRESS **60 EAST 42ND ST., SUITE 5010**
 CITY-ST-ZIP **NEW YORK, NY 10165**

TITLE **CHAR** ☒ Delete
 NAME **BENNET, DAVID H.**
 STREET ADDRESS **10421 LAWYERS ROAD**
 CITY-ST-ZIP **VIENNA VA**

TITLE **V/T/D** ☐ Change ☒ Addition
 NAME **DARRILL L. REED**
 STREET ADDRESS **60 EAST 42ND ST., SUITE 5010**
 CITY-ST-ZIP **NEW YORK, NY 10165**

TITLE **D** ☒ Delete
 NAME **EINZIG, ROBERT E.**
 STREET ADDRESS **8724 EGGERT DRIVE**
 CITY-ST-ZIP **BETHESDA MD**

TITLE **V/D** ☐ Change ☒ Addition
 NAME **MILO HYDE**
 STREET ADDRESS **1801-E SARA DRIVE**
 CITY-ST-ZIP **CHESAPEAKE, VA 23320**

TITLE **S** ☒ Delete
 NAME **KENASTON, GEORGE W.**
 STREET ADDRESS **10604 CANTERBERRY ROAD**
 CITY-ST-ZIP **FAIRFAX STATION VA**

TITLE **S** ☐ Change ☒ Addition
 NAME **WILLIAM J. FROST**
 STREET ADDRESS **60 EAST 42ND STREET SUITE 5010**
 CITY-ST-ZIP **NEW YORK, NY 10165**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

William J. Frost
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. FROST / Sec'y

04-22-02

212-716-2006
 Daytime Phone #

CR2E034 (9/01)