

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90004 005 ***150.00

DOCUMENT # **P36560**

1. Corporation Name
FCI 900, INC.

Principal Place of Business

**1505 FARM CREDIT
MCLEAN VA 22102
US**

Mailing Address

**C/O NEXTEL COM. INC.
1505 FARM CREDIT DR.
MCLEAN VA 22102
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1991

4. FEI Number

22-3034477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

25

29 Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	SECRETARY
NAME	AKERSON, DANIEL F	1.2 NAME	RIED ZULAGER
STREET ADDRESS	1505 FARM CREDIT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	PRESIDENT & DIRECTOR
NAME	DONAHUE, TIMOTHY	2.2 NAME	THOMAS SIDMAN
STREET ADDRESS	1505 FARM CREDIT DR.	2.3 STREET ADDRESS	1505 FARM CREDIT DR
CITY-ST-ZIP	MCLEAN VA	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	DIRECTOR
NAME	O'BRIEN, MORGAN E.	3.2 NAME	
STREET ADDRESS	800 CONNECTICUT AVE STE 1001	3.3 STREET ADDRESS	1505 FARM CREDIT
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	VP	4.1 TITLE	DIRECTOR
NAME	WILLMOUTH, JOHN	4.2 NAME	GARY BEGEMAN
STREET ADDRESS	1505 FARM CREDIT DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	VP & TREASURER
NAME	SHINDER, STEVEN M	5.2 NAME	
STREET ADDRESS	1505 FARM CREDIT DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	ASSISTANT SECRETARY
NAME	THOMAS D. HICKEY	6.2 NAME	
STREET ADDRESS	1505 FARM CREDIT DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/1/99

Date

703-394-3000

Daytime Phone #

CR2E034 (11/98)