2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P36560 1. Entity Name FCI 900, INC. FEB 04, 2000 8:00 am Secretary of State 02-04-2000 90070 037 ***150.00

	Mailing Address		Í		
1505 FARM CREDIT	C/O NEXTEL COM. INC.				
MCLEAN VA 22102 US	1505 FARM CREDIT DR. MCLEAN VA 22102-5003		Degrade	•	
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2. Principal Place of Business	3. Mailing Address			iki iliku iliku iliku iliku iliku	
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Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THI	S SPACE	
07.00	Cis O D Profe		4. FEI Number	Applied For	
RESTON VA	KISTW, VA		22-3034477	Not Applicable	
2019/ 1/5A	20171	VSA	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			
CORPORATION SERVICE COMPANY 1201 HAYES STREET		Name	Name Street Address (P.O. Box Number is Not Acceptable)		
		Street Addr			
TALLAHASSEE FL 32301		}			
		City	F	L Zip Code	
8. The above named entity submits this statement for	the purpose of changing its	registered office or red	gistered agent, or both, in the State of Florida.		
The state of the s	the purpose of changing he	rogiotorou omos ar rog	getolog agont of 2001, was come of the control	l	
SIGNATURE		<u>-</u>	·		
Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature r	equired when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE		•	10. Election Campaign Financing	\$5.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)		100 Fee will be \$550 ble to Department o	Trust Fund Contribution.	Added to Fees	
(See criteria on back)	I Make Check Pavai				
OFFICERS AND				ND DIRECTORS IN 11	
11. OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE S		12.	ADDITIONS/CHANGES TO OFFICERS AND SECRETARY & DIRECTOR	Change Addition	
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TITLE S NAME ZULAGER, RIED	DIRECTORS	12. TITLE J	ADDITIONS/CHANGES TO OFFICERS AND SECRETARY & DIRECTOR	Change PAddition	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//24/00

703 433 4000

Daytime Phone #