

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36560

1. Entity Name

FCI 900, INC.

Principal Place of Business

Mailing Address

1505 FARM CREDIT
MCLEAN VA 22102
US

C/O NEXTEL COM. INC.
1505 FARM CREDIT DR.
MCLEAN VA 22102-5003
US

2. Principal Place of Business

2001 Edmund Halley Dr.
Suite, Apt. #, etc.

3. Mailing Address

2001 Edmund Halley Dr.
Suite, Apt. #, etc.

City & State

RESTON, VA

City & State

RESTON, VA

4. FEI Number

22-3034477

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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)

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

TITLE S
NAME ZULAGER, RIED
STREET ADDRESS 1505 FARM CREDIT DR.
CITY-ST-ZIP MCLEAN VA ☒ Delete

TITLE PD
NAME SIDMAN, THOMAS
STREET ADDRESS 1505 FARM CREDIT DR.
CITY-ST-ZIP MCLEAN VA ☐ Delete

TITLE D
NAME O'BRIEN, MORGAN E.
STREET ADDRESS 1505 FARM CREDIT
CITY-ST-ZIP MCLEAN VA 22102 ☐ Delete

TITLE D
NAME BEGEMAN, GARY
STREET ADDRESS 1505 FARM CREDIT DR.
CITY-ST-ZIP MCLEAN VA ☒ Delete

TITLE VT
NAME SHINDER, STEVEN M
STREET ADDRESS 1505 FARM CREDIT DR.
CITY-ST-ZIP MCLEAN VA ☐ Delete

TITLE AS
NAME THOMAS D. HICKEY
STREET ADDRESS 1505 FARM CREDIT DR
CITY-ST-ZIP MCLEAN VA ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SECRETARY & DIRECTOR
NAME CHRISTIE A. HILL
STREET ADDRESS 2001 EDMUND HALLEY DR.
CITY-ST-ZIP RESTON, VA 20191 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS 2001 EDMUND HALLEY DR.
CITY-ST-ZIP RESTON, VA 20191 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 2001 EDMUND HALLEY DR.
CITY-ST-ZIP RESTON, VA 20191 ☒ Change ☐ Addition

TITLE VP & TREASURER
NAME JOHN BLITTAIN
STREET ADDRESS 2001 EDMUND HALLEY DR.
CITY-ST-ZIP RESTON, VA 20191 ☐ Change ☒ Addition

TITLE VP & CFO
NAME
STREET ADDRESS 2001 EDMUND HALLEY DR.
CITY-ST-ZIP RESTON, VA 20191 ☒ Change ☐ Addition

TITLE VICE PRESIDENT - TAX
NAME BRIAN J. DAVIS
STREET ADDRESS 2001 EDMUND HALLEY DR.
CITY-ST-ZIP RESTON, VA 20191 ☐ Change ☒ Addition

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:

B. DAVIS RECORDED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00

703 433 4000

CR2034 (9/99)