

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91170 017 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

FCI 900, INC.

Principal Place of Business

Mailing Address

2001 EDMUND HALLEY DR. 2001 EDMUND HALLEY DR.
RESTON, VA 20191 RESTON, VA 20191
US US

771334

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

22-3034477

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES ST.
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, 2001 Fee will be \$550.00

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 PRESIDENT/DIRECTOR ☐ Delete
NAME MORGAN O'BRIEN
STREET ADDRESS 2001 EDMUND HALLEY DR.
CITY-ST-ZIP RESTON, VA 20191

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP & TREASURER ☐ Delete
NAME JOHN BRITTAIN
STREET ADDRESS 2001 EDMUND HALLEY DR.
CITY-ST-ZIP RESTON, VA 20191

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP & DIRECTOR ☐ Delete
NAME LEN KENNEDY
STREET ADDRESS 2001 EDMUND HALLEY DR.
CITY-ST-ZIP RESTON, VA 20191

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP-TAX ☐ Delete
NAME BRIAN DAVIS
STREET ADDRESS 2001 EDMUND HALLEY DR.
CITY-ST-ZIP RESTON, VA 20191

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY ☐ Delete
NAME CHRISTIE HILL
STREET ADDRESS 2001 EDMUND HALLEY DR.
CITY-ST-ZIP RESTON, VA 20191

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:

B. Davis

BRIAN DAVIS

5/17/01 703-433-4000

CR2E034 (11/00)