

# 2002 UNIFORM BUSINESS REPORT (UBR)

0578986 AT

DOCUMENT # P40686

1. Entity Name  
TOYAN ENTERPRISES CORPORATION

FILED

02 APR -5 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
7500 OLD GEORGETOWN RD  
13TH FL  
BETHESDA MD 20814  
US

Mailing Address  
7500 OLD GEORGETOWN RD  
13TH FL  
BETHESDA MD 20814  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 94-3096153

Applied For  
Not Applicable

Zip Country

Zip Country

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 HAYS STREET  
TALLAHASSEE FL 32301

Name  
Street Address (P.O. Box Number is Not Acceptable)  
000005290900--9  
-04/17/02--01087--001  
City \*\*\*3171.2FL \*\*\*158.75

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 PD  
NAME IRIBE, P. CHRISMAN ☐ Delete  
STREET ADDRESS 7500 OLD GEORGETOWN ROAD  
CITY-ST-ZIP BETHESDA MD 20814

TITLE VSD  
NAME Sanford L. Hartman ☐ Change ☒ Addition  
STREET ADDRESS 7500 Old Georgetown Road  
CITY-ST-ZIP Bethesda MD 20814-6161

TITLE SVP  
NAME COOPER, JOHN R ☐ Delete  
STREET ADDRESS 7500 OLD GEORGETOWN RD  
CITY-ST-ZIP BETHESDA MD 20814

TITLE AT  
NAME J. TRACY MEY ☐ Change ☒ Addition  
STREET ADDRESS 7500 OLD GEORGETOWN ROAD  
CITY-ST-ZIP BETHESDA, MD 20814-6161

TITLE VT  
NAME BASSETT, DAVID N ☐ Delete  
STREET ADDRESS 7500 OLD GEORGETOWN RD  
CITY-ST-ZIP BETHESDA MD 20814

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

TITLE VD  
NAME IRIBE, P CHRISMAN ☒ Delete  
STREET ADDRESS 7500 OLD GEORGETOWN RD  
CITY-ST-ZIP BETHESDA MD 20814

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
158-75

TITLE AS  
NAME MEIER, PETER E ☒ Delete  
STREET ADDRESS 7500 OLD GEORGETOWN RD  
CITY-ST-ZIP BETHESDA MD 20814

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: SIGNATURE OF J. TRACY MEY, ASST. TREASURER, 3-15-02 301-280-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)