

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P40686**

1. Entity Name  
**TOYAN ENTERPRISES CORPORATION**



FILED

03 FEB 20 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**7500 OLD GEORGE TOWN 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

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **94-3096153**

Applied For  
Not Applicable

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)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **AC** ☐ Change ☒ Addition  
NAME **Mark T. Caron**  
STREET ADDRESS **7500 Old Georgetown Road, 13th Floor**  
CITY-ST-ZIP **Bethesda, MD 20814-6161**

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

TITLE **AC** ☒ Change ☐ Addition  
NAME **J. Tracy Mey**  
STREET ADDRESS **7500 Old Georgetown Road, 13th Floor**  
CITY-ST-ZIP **Bethesda MD 20814-6161**

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

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

TITLE **VSD** ☐ Delete  
NAME **HARTMAN, SANFORD L**  
STREET ADDRESS **7500 OLD GEORGETOWN RD**  
CITY-ST-ZIP **BETHESDA MD 20814-6161**

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

TITLE **AT** ☐ Delete  
NAME **MEY, J. T**  
STREET ADDRESS **7500 OLD GEORGETOWN RD**  
CITY-ST-ZIP **BETHESDA MD 20814-6161**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARK T. CARON** **REGISTERED** **ASST. CONTROLLER** **1/30/03** **301-280-6800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0621077 AT

CR2E034 (10/02)