

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P41033

1. Entity Name

JER PEOPLES SOUTHWEST SERVICES, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90012 041 ***150.00

Principal Place of Business

1650 TYSONS BLVD
SUITE 1600
MCLEAN VA 22102

Mailing Address

1650 TYSONS BLVD
SUITE 1600
MCLEAN VA 22102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1635292

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DCCE	<input type="checkbox"/> Delete
NAME	ROBERT, JOSEPH E., JR.	
STREET ADDRESS	1650 TYSONS BLVD., SUITE 1600	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	WARD, DANIEL T.	
STREET ADDRESS	1650 TYSONS BLVD. SUITE 1600	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	TVAS	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, BRUCE T JR	
STREET ADDRESS	1650 TYSONS BLVD	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	PAS	<input type="checkbox"/> Delete
NAME	HARMON, DEBORAH L.	
STREET ADDRESS	1650 TYSONS BLVD.	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	SV	<input type="checkbox"/> Delete
NAME	HARKINS, RICHARD A	
STREET ADDRESS	1650 TYSONS BLVD.	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	PAS	<input type="checkbox"/> Delete
NAME	KERN, JONATHAN S	
STREET ADDRESS	1650 TYSONS BLVD., STE 1600	
CITY-ST-ZIP	MCLEAN VA 22102	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard A. Harkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Harkins, VP & Secretary
Date 7/14/00 Daytime Phone # 703/714-8000

CR2E034 (1/00)