

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 14 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086970

1. Entity Name

WSM SOUTH FLORIDA CORP.

Principal Place of Business

Mailing Address

1300 WILSON BLVD. #400  
ARLINGTON, VA 22209

(SAME)

2. Principal Place of Business

(SAME)

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1859968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 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 \$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 CHAIRMAN OF THE BOARD AND ☐ Delete  
NAME LAURENCE C. SIEGEL DIRECTOR  
STREET ADDRESS 1300 WILSON BLVD. #400  
CITY-ST-ZIP ARLINGTON, VA 22209

TITLE PRESIDENT AND DIRECTOR ☐ Delete  
NAME 1300 WILSON BLVD. #400  
STREET ADDRESS ARLINGTON, VA 22209  
CITY-ST-ZIP

TITLE ~~EXECUTIVE-VP- AND-SECRETARY~~ ☐ Delete  
NAME THOMAS E. FROST AND-DIRECTOR  
STREET ADDRESS 1300 WILSON BLVD. #400  
CITY-ST-ZIP ARLINGTON, VA 22209

TITLE EXECUTIVE VP ☐ Delete  
NAME KENNETH R. PARENT  
STREET ADDRESS 1300 WILSON BLVD. #400  
CITY-ST-ZIP ARLINGTON, VA 22209

TITLE TREASURER ☐ Delete  
NAME D. GREGORY NEEB  
STREET ADDRESS 1300 WILSON BLVD. #400  
CITY-ST-ZIP ARLINGTON, VA 22209

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 100003178871--3  
STREET ADDRESS -03/21/00--01121--009  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

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

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

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

TITLE ☐ Change ☐ Addition  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E. FROST, EXECUTIVE VICE PRESIDENT OF WSM SOUTH FLORIDA CORP.

3-8-00

(703) 526-5000

Date

Daytime Phone #

CR2E034 (9/99)