

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90038 018 ***150.00

DOCUMENT # P96000039466

1. Corporation Name

VIRTUAL ACCESS, INC.

Principal Place of Business

11350 RANDOM HILLS RD.
STE. 800
FAIRFAX VA 22030

Mailing Address

11350 RANDOM HILLS RD.
STE. 800
FAIRFAX VA 22030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1996

4. FEI Number

75-2715761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing - ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

KASKY, ROBERT A
2830 FAIRWAY DRIVE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST ☐ DELETE
NAME HUGHES, THOMAS A
STREET ADDRESS LARCHWOOD, HEATHFIELD AVE. SUNNINSHILL
CITY-ST-ZIP BERKSHIRE, SLS OAL ENGLAND

TITLE DP ☐ DELETE
NAME SKELTON, GRAHAM W
STREET ADDRESS SPRINGFIELD
CITY-ST-ZIP BECKSHIRE R987AS ENGLAND

TITLE D ☐ DELETE
NAME BRINDLE, WILLIAM R
STREET ADDRESS SUMMERFIELDS, BRENTMOOR RD.
CITY-ST-ZIP WEST END SURREY ENGLAND

TITLE D ☐ DELETE
NAME COLOPY, MICHAEL
STREET ADDRESS STE. 800 1919 PENNSYLVANIA AVE.
CITY-ST-ZIP WASHINGTON DC 20006

TITLE V ☐ DELETE
NAME MECUM, MARK
STREET ADDRESS 3601 TRILLIUM DR.
CITY-ST-ZIP PLANO TX 75093

TITLE V ☐ DELETE
NAME POTEST, MICHAEL
STREET ADDRESS 16 LINBERGER DR.
CITY-ST-ZIP BRIDGEWATER NJ 08807

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

Mark C. Mecum 3/5/99 9723877490

0000361

CR2E034 (11/98)