

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 305412

FILED
Apr 13, 2005
Secretary of State

Entity Name: SYSTEMS TECHNOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

5199 GLEN MEADOWS DR
CENTREVILLE, VA 20120 US

New Principal Place of Business:

Current Mailing Address:

5199 GLEN MEADOWS DR
CENTREVILLE, VA 20120 US

New Mailing Address:

FEI Number: 54-0802071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ST. PETER, JOHN
Address: 22121 CREEKVIEW DR
City-St-Zip: GAITHERSBURG, MD

Title: CP () Delete
Name: SCOTT, TERRY A
Address: 5199 GLEN MEADOWS DR
City-St-Zip: CENTREVILLE, VA 20120

Title: D () Delete
Name: MYERS, EDWARD P.,
Address: 117 NORTH PAYNE ST.
City-St-Zip: ALEXANDRIA, VA

Title: D () Delete
Name: HEASLEY, CLYDE C
Address: 1518 11TH AVE W APT 3
City-St-Zip: SEATTLE, WA 98119

Title: ST () Delete
Name: BERG, BARBARA
Address: 512 WELLINGTON WAY
City-St-Zip: HINESVILLE, GA 31313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HEASLEY, CLYDE C
Address: 900 UNIVERSITY ST APT 2Q
City-St-Zip: SEATTLE, WA 98101

Title: ST (X) Change () Addition
Name: BERG, BARBARA
Address: 7521 MCFRENCH DRIVE
City-St-Zip: FAYETTEVILLE, NC 28311

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BERG

ST

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date