

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833018

FILED
Feb 17, 2006
Secretary of State

Entity Name: PARSONS TRANSPORTATION GROUP INC.

Current Principal Place of Business:

1133 15TH STREET N.W.
WASHINGTON, DC 200052701

New Principal Place of Business:

1133 15TH STREET N.W.
WASHINGTON, DC 20005

Current Mailing Address:

1133 15TH STREET N.W.
WASHINGTON, DC 200052701

New Mailing Address:

1133 15TH STREET N.W.
WASHINGTON, DC 20005

FEI Number: 36-0982270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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: P () Delete
Name: SHAPPEL, JAMES R
Address: 4608 MORGAN DR
City-St-Zip: CHEVY CHASE, MD 20815

Title: VP/T () Delete
Name: SCHRIER, BEHLER
Address: 1133 15TH STREET, NW
City-St-Zip: WASHINGTON, DC 20005

Title: DEVP () Delete
Name: BARRON, THOMAS
Address: 1133-15TH STREET
City-St-Zip: WASHINGTON, DC 200052701

Title: SRVP () Delete
Name: STONE, GARY L.
Address: 100 WEST WALNUT STREET
City-St-Zip: PASADENA, CA 91124

Title: EXVP () Delete
Name: BARRON, THOMAS E
Address: 1133 15TH STREET, NW
City-St-Zip: WASHINGTON, DC 20005

Title: SRVP () Delete
Name: ADAMS, GAROLD B
Address: 1133 15TH STREET, NW
City-St-Zip: WASHINGTON, DC 20005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAPPEL, JAMES R
Address: 1133 15TH STREET N.W.
City-St-Zip: WASHINGTON, DC 20005

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

Title: DEVP (X) Change () Addition
Name: BARRON, THOMAS
Address: 1133-15TH STREET
City-St-Zip: WASHINGTON, DC 20005

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THOMAS E BARRON

DEVP

02/17/2006

Electronic Signature of Signing Officer or Director

_____ Date