

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED

APR 11 2005  
 FILED  
 05 APR 27 PM 4:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



<b>DOCUMENT # 852526</b>		1. Entity Name <b>TASC, INC.</b>	
Principal Place of Business <b>4801 STONECRAFT BLVD CHANTILLY VA 20151</b>		Mailing Address <b>1840 CENTURY PARK EAST LOS ANGELES CA 90067</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>04-2393618</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>O'NEILL, JAMES</b> <b>4801 STONECRAFT BLVD.</b> <b>CHANTILLY VA 20151</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SANFORD, JAMES L</b> <b>1840 CENTURY PARK EAST</b> <b>LOS ANGELES CA 90067</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400054122064</b> <b>05/10/05--01005--016 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BOAK, RICHARD</b> <b>4801 STONE CRAFT BLVD</b> <b>CHANTILLY VA 20151</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MULLAN, JOHN H</b> <b>1840 CENTURY PARK EAST</b> <b>LOS ANGELES CA 90067</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MYERS, ALBERT F</b> <b>1840 CENTURY PARK EAST</b> <b>LOS ANGELES CA 90067</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURKS, TERRY W</b> <b>1840 CENTURY PARK EAST</b> <b>LOS ANGELES CA 90067</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VPD</b> <b>GARY W. MCKENZIE</b> <b>1840 CENTURY PARK EAST</b> <b>LOS ANGELES, CA 90067</b>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **JOHN H MULLAN** **APRIL 25, 2005** (310) 201-3081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #