


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 28, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000003046  
 1. Entity Name  
 TRIDATA CORPORATION



Principal Place of Business 1000 WILSON BLVD. ARLINGTON, VA 22209	Mailing Address 1000 WILSON BLVD. ARLINGTON, VA 22209
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**DO NOT WRITE IN THIS SPACE**



08222007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1885537	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAENMAN, PHILLIP 1000 WILSON BLVD. ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EASLEY, RONALD L 1000 WILSON BLVD. ARLINGTON, VA 22209
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 08/28/07-80006-013 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Phillip Schaezman 8/23/07 703 351-8226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #