

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000948

Entity Name: SIGNAL SOLUTIONS, INC.

FILED  
Apr 23, 2007  
Secretary of State

## Current Principal Place of Business:

3040 WILLIAMS DRIVE, STE 200  
FAIRFAX, VA 22031

## New Principal Place of Business:

## Current Mailing Address:

3040 WILLIAMS DRIVE, STE 200  
FAIRFAX, VA 22031

## New Mailing Address:

FEI Number: 54-1400723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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: VP ( ) Delete  
Name: HENGST, TED  
Address: 3040 WILLIAMS DRIVE STE 200  
City-St-Zip: FAIRFAX, VA 22031

Title: VP ( ) Delete  
Name: GARRITY, MICHAEL  
Address: 77 A STREET  
City-St-Zip: NEEDHAM HEIGHTS, MA 02494

Title: T ( ) Delete  
Name: FOGG, DAVID  
Address: 2941 FAIRVIEW PARK DRIVE  
City-St-Zip: FALLS CHURCH, VA 22042

Title: D ( ) Delete  
Name: MANCUSO, MICHAEL  
Address: 2941 FAIRVIEW PARK DR. STE 100  
City-St-Zip: FALLS CHURCH, VA 22042

Title: P ( ) Delete  
Name: CHANDLER, MICHAEL  
Address: 77 A STREET  
City-St-Zip: NEEDHAM HEIGHTS, MA 02494

Title: D ( ) Delete  
Name: SAVER, DAVID  
Address: 2941 FAIRVIEW PARK DRIVE STE 100  
City-St-Zip: FALLS CHURCH, VA 22042

## 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: ( ) 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: HENGST, TED

VP

04/23/2007

Electronic Signature of Signing Officer or Director

Date