

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90267 028 \*\*\*150.00

DOCUMENT # F01000001569

1. Entity Name  
**ADROIT SYSTEMS, INC.**



**54045223**

Principal Place of Business  
**124 EAST MIRACLE STRIP PKWY  
 SUITE 202  
 MARY ESTHER, FL 32569-1330**

Mailing Address  
**209 MADISON STREET  
 SUITE 500  
 ALEXANDRIA, VA 22314**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**4300 Fair Lakes Ct**  
 Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State  
**Fairfax, VA**

4. FEI Number  
**54-1249257**

Applied For  
 Not Applicable

Zip  
**22033**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**JENNINGS, ANTHONY  
 124 EAST MIRACLE STRIP PKWY  
 SUITE 202  
 MARY ESTHER, FL 32569-1330**

7. Name and Address of New Registered Agent  
 Name  
**Corporation Service Company**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
 City  
**Tallahassee FL** Zip Code  
**32301-2525**

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.  
**Cynthia L. Harris**  
**as its agent**  
 SIGNATURE Cynthia L. Harris DATE 4/28/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>RYAN, TERRY <input checked="" type="checkbox"/> Delete<br>209 MADISON ST.<br>ALEXANDRIA, VA       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HOGAN, ANNA <input checked="" type="checkbox"/> Delete<br>209 MADISON ST.<br>ALEXANDRIA, VA      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>KADLUBEK, PAMELA <input checked="" type="checkbox"/> Delete<br>209 MADISON ST.<br>ALEXANDRIA, VA  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>SCHOLL, RUSSELL <input checked="" type="checkbox"/> Delete<br>209 MADISON ST.<br>ALEXANDRIA, VA   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>WONG L, THEODORE <input checked="" type="checkbox"/> Delete<br>209 MADISON ST.<br>ALEXANDRIA, VA |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BATIE, GARY <input checked="" type="checkbox"/> Delete<br>209 MADISON ST.<br>ALEXANDRIA, VA       |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>See attached list</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |

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: C. Wayne Gouss **C. Wayne Gouss** 4-23-04 **(203) 227-7011**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

5464 5223

#FO 1000001569

**Adroit Systems, Inc.  
Officers and Directors**

Officers

Ernst Volgenau, Chairman and Chief Executive Officer  
4350 Fair Lakes Court  
Fairfax, VA 22033

Renato DiPentima, President and Chief Operating Officer  
4350 Fair Lakes Court  
Fairfax, VA 22033

Stephen C. Hughes, Senior Vice President, CFO, Secretary and Assistant Treasurer  
4350 Fair Lakes Court  
Fairfax, VA 22033

C. Wayne Grubbs, Treasurer and Assistant Secretary  
4350 Fair Lakes Court  
Fairfax, VA 22033

Directors

Ernst Volgenau, Chairman  
4350 Fair Lakes Court  
Fairfax, VA 22033

William K. Brehm  
4350 Fair Lakes Court  
Fairfax, VA 22033

Stephen C. Hughes  
4350 Fair Lakes Court  
Fairfax, VA 22033