

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000001839



1. Entity Name
 ANTEON INTERNATIONAL CORPORATION

Principal Place of Business
 ANTEON CORPORATION
 3211 JERMANTOWN ROAD, SUITE 700
 FAIRFAX, VA 22032

Mailing Address
 C/O ANTEON CORPORATION
 3211 JERMANTOWN ROAD, SUITE 700
 FAIRFAX, VA 22032



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3880755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

000000316700
 04/19/05-80085-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KAMPF, JOSEPH M 9751 AVENEL FARM DR. POTOMAC, MD 20854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO JOHNSON, S. DANIEL 13301 BALMORAL FOREST CT. CLIFTON, VA 20124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO CHARLES 9876 PALACE GREEN WAY VIENNA, VA 22181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HEILMAN, MARK 20292 GILESWOOD FARM LN PURCELLVILLE, VA 20134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BAKER, KELLY 15007 SACRED LN CENTREVILLE, VA 20121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS SCHEHR, CURTIS 1817 ABBEY OAK DR VIENNA, VA 22182

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Curtis L. Schehr Curtis L. Schehr, Secretary 3/31/05 (703) 246-0200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #