


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90012 001 ***150.00

DOCUMENT # F02000002465	
1. Entity Name MHM SERVICES, INC.	

Principal Place of Business 8605 WESTWOOD CENTER DRIVE, SUITE 400 VIENNA VA 22182	Mailing Address 8605 WESTWOOD CENTER DRIVE, SUITE 400 VIENNA VA 22182
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MOORE CR2E034 (11/03)

2. Principal Place of Business 1593 SPRING HILL ROAD Suite, Apt. #, etc. SUITE 610 City & State VIENNA VA Zip 22182 Country USA	3. Mailing Address 1593 SPRING HILL ROAD Suite, Apt. #, etc. SUITE 610 City & State VIENNA VA Zip 22182 Country USA
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4. FEI Number 52-1223048	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PINKERT, MICHAEL 8605 WESTWOOD CENTER DRIVE, SUITE 400 VIENNA VA 22182 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHEELER, STEVEN 8605 WESTWOOD CENTER DRIVE, SUITE 400 VIENNA VA 22182 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS CHUNN, PATRICK 8605 WESTWOOD CENTER DRIVE, SUITE 400 VIENNA VA 22182 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDLER, MICHAEL 8605 WESTWOOD CENTER DRIVE, SUITE 400 VIENNA VA 22182 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIPON, JACOB DR. 8605 WESTWOOD CENTER DRIVE, SUITE 400 VIENNA VA 22182 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRETTI, WILLIAM 8605 WESTWOOD CENTER DR., STE 400 VIENNA VA 22182 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP 1593 SPRING HILL ROAD, SUITE 610 VIENNA VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S LESUE M YOUNG 1593 SPRING HILL ROAD SUITE 610 VIENNA VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP 1593 SPRING HILL ROAD, SUITE 610 VIENNA VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP 1593 SPRING HILL ROAD, SUITE 610 VIENNA VA 22182

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:  **LESUE M YOUNG, SECRETARY** **703-749-4600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #