2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000006530

1. Entity Name

SI INTERNATIONAL OF VIRGINIA, INC.



FILED Jan 23, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

12012 SUNSET HILLS ROAD STE 800 RESTON, VA 20190



DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For | Not Applied in the Applied in t

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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|--|---|---|---|--|--|--|
| | named entity submits this statement for the plans of registered agent. | ourpose of changing its registere | d office or re | egistered agent, or b | oth, in the State of Florida. I am f | amiliar with, and acce _l |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | I applicable. (NOTE, Registered | Agent signature | required when reinstaling) | DATE | |
| | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | oing 🗆 | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS' | | | | ***** |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ANTIE, S. BRADFORD 12012 SUNSET HILLS ROAD STE 800 RESTON, VA 20190 | 0 | | | • | |
| TATLE NAME STREET ADDRESS CITY-ST-ZIP | VPT DUNN, THOMAS E 12012 SUNSET HILLS ROAD STE 800 RESTON, VA 20190 | 0 | | , , , | 02/01/06-80001- | -005 600. 00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DANIEL, JAMES E 12012 SUNSET HILLS ROAD STE 800 RESTON, VA 20190 | 0 . | | DO | NOT WRITE | • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | [±] IN | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ٠ | <u>-</u> <u>-</u> | | mā ķā ļ |
| TITLE NAME STREET ADDRESS | | | Gilinian I. | · | | · · · · · · · · · · · · · · · · · · · |
| CITY-ST-ZIP | | | | <u>-</u> - | | |
| 12. I hereby of indicated of the corchanged, | certify that the information supplied with this fi on this report or supplemental report is true a poration of the receiver or trustee empowerer or on an attachment with gradidless, with all | ling does not qualify for the exe and accurate and that my signate to execute this report as require other like empowered. | mptions cor ire shall haved by Chapi | ntained in Chapter 1 re the same legal efficer 607, Florida Statu | 19, Florida Statutes. I further certi ect as if made under oath; that I a tes; and that my name appears in | iy that the information man officer or direct Block 10 or Block 11 |

CANLED