2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F08000001314

Entity Name: MCDONOUGH BOLYARD PECK, INC.

Current Principal Place of Business:

8315 LEE HWY., SUITE 400
FAIRFAX, VA 220312215

New Principal Place of Business:

3040 WILLIAMS DRIVE
SUITE 300
FAIRFAX, VA 220312215

Current Mailing Address:

8315 LEE HWY., SUITE 400
FAIRFAX, VA 220312215

New Mailing Address:

3040 WILLIAMS DRIVE
SUITE 300
FAIRFAX, VA 220312215

FEI Number: 54-1527484 **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: PD ( ) Delete
Name: PECK, BLAKE V
Address: 8315 LEE HWY., SUITE 400
City-St-Zip: FAIRFAX, VA 220312215

Title: CDT ( ) Delete
Name: BOLYARD, CHARLES E JR.
Address: 8315 LEE HWY., SUITE 400
City-St-Zip: FAIRFAX, VA 220312215

Title: V ( ) Delete
Name: PREZIOS, MICHAEL
Address: 460 MCLAWS CIR., SUITE 140
City-St-Zip: WILLIAMSBURG, VA 23185

Title: V ( ) Delete
Name: BAKHTAR, KAYOUMARS
Address: 8315 LEE HWY., SUITE 400
City-St-Zip: FAIRFAX, VA 220312215

Title: V ( ) Delete
Name: PAYNE, CHRISTOPHER J
Address: 8315 LEE HWY., SUITE 400
City-St-Zip: FAIRFAX, VA 220312215

Title: V ( ) Delete
Name: DEWOLFE, LYNN
Address: 8315 LEE HWY., SUITE 400
City-St-Zip: FAIRFAX, VA 220312215

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 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: CATHY YOUNG CFO 04/14/2009

Electronic Signature of Signing Officer or Director — Date