


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90102 005 \*\*\*150.00

<b>DOCUMENT # F97000003588</b>	
1. Entity Name VMS MAINTENANCE SYSTEMS, INC.	

Principal Place of Business 203 EAST CARY STREET 203 RICHMOND, VA 23219	Mailing Address 203 EAST CARY STREET 203 RICHMOND, VA 23219
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2. Principal Place of Business 203 East Cary Street Suite, Apt. #, etc. Suite 200	3. Mailing Address 203 East Cary Street Suite, Apt. #, etc. Suite 200
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City & State Richmond, VA	City & State Richmond, VA
Zip 23219	Country USA



03312005 Chg-P CR2E034 (10/03)

4. FEI Number 54-1769861	Applied For 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASUCCI, NICHOLAS J 203 EAST CARY ST, STE 203 RICHMOND, VA 23219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Nicholas J. Masucci <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Halsted Street East Orange, NJ 07018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HERLICH, RICHARD 203 EAST CARY ST, STE 203 RICHMOND, VA 23219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO Richard S. Herlich <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 203 East Cary Street, Suite 200 Richmond, VA 23219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SACKS, BERNARD 203 EAST CARY ST, STE 203 RICHMOND, VA 23219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bernard Sacks <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Halsted Street East Orange, NJ 07018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS BAKER, KENNETH E 203 EAST CARY ST, STE 203 RICHMOND, VA 23219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Treasurer Kenneth E. Baker <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 203 East Cary Street, Suite 200 Richmond, VA 23219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROSSER, JOHN 1111 S ARROYO PKWY PASADENA, CA 91105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Derish Wolff <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 Halsted Street East Orange, NJ 07018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Allyn Taylor <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 North Glebe Road, Suite 200 Arlington, VA 22201

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: 	3-31-05	804-261-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #