

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003268

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** MICROSTRATEGY SERVICES CORPORATION

**Current Principal Place of Business:**

1850 TOWERS CRESCENT PLAZA  
VIENNA, VA 22182

**New Principal Place of Business:**

1850 TOWERS CRESCENT PLAZA  
TYSONS CORNER, VA 22182

**Current Mailing Address:**

1850 TOWERS CRESCENT PLAZA  
VIENNA, VA 22182

**New Mailing Address:**

1850 TOWERS CRESCENT PLAZA  
TYSONS CORNER, VA 22182

**FEI Number:** 54-1945356

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: CPS  
Name: SAYLOR, MICHAEL J  
Address: 1850 TOWERS CRESCENT PLAZA  
City-St-Zip: TYSONS CORNER, VA 22182

Title: VT  
Name: THEDE, DOUGLAS K  
Address: 1850 TOWERS CRESCENT PLAZA  
City-St-Zip: TYSONS CORNER, VA 22182

Title: V  
Name: BANSAL, SANJU  
Address: 1850 TOWERS CRESCENT PLAZA  
City-St-Zip: TYSONS CORNER, VA 22182

Title: AT  
Name: SIERZEGA, EDWARD R  
Address: 1850 TOWERS CRESCENT PLAZA  
City-St-Zip: TYSONS CORNER, VA 22182

I hereby 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 all other like empowered.

SIGNATURE: EDWARD SIERZEGA

AT

04/16/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date