

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90040 039 ***150.00

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03212007 Chg-P CR2E034 (12/06)

4. FEI Number **54-1616513** Applied For ☐ Not Applicable ☐

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SIMPSON, PAUL 1 CHASE MANHATTAN PLAZA F1 10 NEW YORK, NY 10081	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSON, BRIAN 45025 AVIATION DRIVE, SUITE 200 DULLES, VA 201667554	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFC BOYCE, KEVIN 45025 AVIATION DRIVE, SUITE 200 DULLES, VA 201667554	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMAN, BILL 1 CHASE MANHATTAN PLAZA F1 3 NEW YORK, NY 10005	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURWEL, TOD 10420 HIGHLAND MANOR DR F14 TAMPA, FL 33610	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HART, BERNIE 45025 AVIATION DR SUITE 100 STERLING, VA 20166	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSC	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hart, Bernie same	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Brian Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07
Date

(703) 661-9006
Daytime Phone #