

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20284

FILED
Jan 28, 2005
Secretary of State

Entity Name: MAXIMUS, INC. OF VIRGINIA

Current Principal Place of Business:

11419 SUNSET HILLS ROAD
RESTON, VA 20190

New Principal Place of Business:

Current Mailing Address:

11419 SUNSET HILLS ROAD
RESTON, VA 20190

New Mailing Address:

FEI Number: 54-1000588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: MASTRAN, DAVID V
Address: 1530 N KEY BLVD, #1015
City-St-Zip: ARLINGTON, VA

Title: CT () Delete
Name: MONTONI, RICHARD A
Address: 9317 MORISON
City-St-Zip: GREAT FALLS, VA 22033

Title: CS () Delete
Name: FRANCIS, DAVID R
Address: 5819 PHOENIX DRIVE
City-St-Zip: BETHESDA, MD 20817

Title: PD () Delete
Name: DAVENPORT, LYNN P
Address: 36 NOON HILL AVE
City-St-Zip: NORFOLK, MA

Title: D () Delete
Name: BELIVEAU, RUSSELL A
Address: 2014 SPANISH BAR COURT
City-St-Zip: GOLD RIVER, CA 95670

Title: COB () Delete
Name: POND, PETER B
Address: 2950 COMMONWEALTH AVENUE
City-St-Zip: CHICAGO, IL 60657

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: DAVENPORT, LYNN P
Address: 20 SUNSET KEY DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HALEY, JOHN J
Address: 10525 ALLOWAY DRIVE
City-St-Zip: POTOMAC, MD 20854

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 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 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: DAVID R. FRANCIS

_____ Electronic Signature of Signing Officer or Director

CS

01/28/2005

_____ Date