

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90015 036 ***150.00

DOCUMENT # F98000002460

1. Entity Name
SDS TECHNOLOGIES, INC.



Principal Place of Business
**2011 CRYSTAL DR., STE. 100
ARLINGTON, VA 22202**

Mailing Address
**2011 CRYSTAL DR., STE. 100
ARLINGTON, VA 22202**

04010562



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1739797

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**CVTS
FLOOD, WILLIAM
~~3145 SOUTH GLEBE RD~~ 12330 Potomac View Rd
~~ARLINGTON, VA 22202~~ Newburg, MD 20664**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
GENNIN, GEORGE
~~1300 CRYSTAL DR., PH-5~~ 737 Quaker Run Rd
~~ARLINGTON, VA 22202~~ Madison, VA 22727**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FREEMAN, CALEB
30 CLUB FOREST LANE
GREENVILLE, SC 29605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____ **William Flood**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04

Date

703-553-7535

Daytime Phone #