

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818432

FILED
Apr 07, 2006
Secretary of State

Entity Name: THE MITRE CORPORATION

Current Principal Place of Business:

202 BURLINGTON RD.
BEDFORD, MA 01730 US

New Principal Place of Business:

Current Mailing Address:

7515 COLSHIRE DRIVE
QUAN
MC LEAN, VA 221027508 US

New Mailing Address:

FEI Number: 04-2239742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: SVGM () Delete
Name: GRASSO, AL
Address: 7515 COLSHIRE DRIVE
City-St-Zip: MC LEAN, VA 221023481 US

Title: TSA () Delete
Name: JEREMIAH, DAVID E
Address: 7515 COLSHIRE DRIVE
City-St-Zip: MC LEAN, VA 22102

Title: VCTO () Delete
Name: LEHMAN, DAVID H
Address: 202 BURLINGTON RD
City-St-Zip: BEDFORD, MA 017301430

Title: PCEO () Delete
Name: FAGA, MARTIN C
Address: 3166 JUNIPER LANE
City-St-Zip: FALLS CHURCH, VA 22044

Title: V.P. () Delete
Name: GLASNER, SOL
Address: 2320 ASHBORO DR.
City-St-Zip: CHEVY CHASE, MA 20815

Title: VCFO () Delete
Name: FINCKE, LEWIS
Address: 7515 COLSHIRE DR.
City-St-Zip: MC LEAN, VA 22102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOL GLASNER

V.P.

04/07/2006

Electronic Signature of Signing Officer or Director

Date