

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851619

FILED
Apr 03, 2006
Secretary of State

Entity Name: CGI-AMS INC.

Current Principal Place of Business:

4050 LEGATO RD
FAIRFAX, VA 22033 US

New Principal Place of Business:

Current Mailing Address:

4050 LEGATO RD
FAIRFAX, VA 22033 US

New Mailing Address:

FEI Number: 54-0856778 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOREA, DONNA S
Address: 3176 HOLMES RUN ROAD
City-St-Zip: FALLS CHURCH, VA 22042

Title: D () Delete
Name: DORÉ, PAULE
Address: 4050 LEGATO ROAD
City-St-Zip: FAIRFAX, VA 22033

Title: D () Delete
Name: NADWORNYY, EDWARD
Address: 122 QUEEN STREET
City-St-Zip: ALEXANDRIA, VA 22314

Title: D () Delete
Name: ROACH, MICHAEL E
Address: 4050 LEGATO ROAD
City-St-Zip: FAIRFAX, VA 22033

Title: D () Delete
Name: FIGINI, JOSEPH
Address: 1621 T STREET N.W. #706
City-St-Zip: WASHINGTON, DC 20009

Title: AS () Delete
Name: MASSE, DAVID G
Address: 4050 LEGATO ROAD
City-St-Zip: FAIRFAX, VA 22033

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

SIGNATURE: DAVID G. MASSE

AS

04/03/2006

Electronic Signature of Signing Officer or Director

_____ Date