

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851619

FILED
Jan 13, 2010
Secretary of State

Entity Name: CGI TECHNOLOGIES AND SOLUTIONS INC.

Current Principal Place of Business:

11325 RANDOM HILLS RD.
FAIRFAX, VA 22030 US

New Principal Place of Business:

Current Mailing Address:

11325 RANDOM HILLS RD.
FAIRFAX, VA 22030 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
Name: MOREA, DONNA S
Address: 11325 RANDOM HILLS ROAD
City-St-Zip: FAIRFAX, VA 22030

Title: D
Name: ANDERSON, DAVID
Address: 11325 RANDOM HILLS ROAD
City-St-Zip: FAIFAX, VA 22030

Title: D
Name: FIGINI, JOSEPH C
Address: 11325 RANDOM HILLS ROAD
City-St-Zip: FAIRFAX, VA 22030

Title: D
Name: ROACH, MICHAEL E
Address: 11325 RANDOM HILLS ROAD
City-St-Zip: FAIRFAX, VA 22030

Title: D
Name: WAPLE, MICHAEL
Address: 11325 RANDOM HILLS ROAD
City-St-Zip: FAIRFAX, VA 22030

Title: SE
Name: DUBE, BENOIT
Address: 11325 RANDOM HILLS ROAD
City-St-Zip: FAIRFAX, VA 22030

I hereby 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 all other like empowered.

SIGNATURE: BENOIT DUBÉ

SE

01/13/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date