## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 852053** 

FILED Apr 16, 2009 Secretary of State

Entity Name: ELECTRONIC WARFARE ASSOCIATES, INC.

Current Principal Place of Business:			New Principal Place of Business:		
13873 PARK CENTER RD 5TH FLOOR HERNDON, VA 20171 US					
Current Mailing Address:			New Mailing Address:		
13873 PARK CENTER RD 5TH FLOOR HERNDON, VA 20171 US					
FEI Number: 54-1082215 FEI Number Applied For ( ) FEI Nu		mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US					
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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEOC () GUERRERI, CAI 13873 PARK CE HERNDON, VA	ENTER ROAD	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition
Title: Name: Address: City-St-Zip:	MERRILL, JOHN	IDGE ROAD #101	Title: Name: Address: City-St-Zip:	D (X) Ch O'NEILL, MALCOLM 10726 HUNTERS P VIENNA, VA 22181	LACE
Title: Name: Address: City-St-Zip:	VD () CONNOLLY, ED 13873 PARK CE HERNDON, VA	ENTER ROAD	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition
Title: Name: Address: City-St-Zip:	VCFO () KERR, GARY M 13873 PARK CE HERNDON, VA	ENTER ROAD	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition
Title: Name: Address: City-St-Zip:	VSTD () MOREY, WILLIA 13873 PARK CE HERNDON, VA	ENTER ROAD	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition
Title: Name: Address: City-St-Zip:	D () BATTISTA, ANTI 8 PIECE PIPE L ALEXANDRIA, V	ANE	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition
I hereby certify that the information supplied with this filing does not qualify 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: STEVE N. LUXFORD ATNY 04/16/2009