

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90004 048 ***550.00

DOCUMENT # 857814					
1. Entity Name GLADIEUX CORPORATION					
Principal Place of Business 6600 ROCKLEDGE DRIVE DEPT 72-928.81 BETHESDA, MD 20817 US			Mailing Address 6600 ROCKLEDGE DRIVE DEPT 72-928.81 BETHESDA, MD 20817 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 34-1044801	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, JOHN J		NAME	Elie W. Maalouf	
STREET ADDRESS	6600 ROCKLEDGE DR., 6TH FLOOR		STREET ADDRESS	6600 Rockledge Drive	
CITY-ST-ZIP	BETHESDA, MD 20817		CITY-ST-ZIP	Bethesda, MD 20817	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BERNARD N		NAME		
STREET ADDRESS	6600 ROCKLEDGE DRIVE DEPT 72-928.81		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20817		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, CHARLES E		NAME		
STREET ADDRESS	6600 ROCKLEDGE DRIVE DEPT 72-928.81		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20817		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABIN, LAURA A		NAME		
STREET ADDRESS	6600 ROCKLEDGE DR., 6TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20817		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATYCH, MARK		NAME		
STREET ADDRESS	6600 ROCKLEDGE DR., 6TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20817		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, SADYE C		NAME		
STREET ADDRESS	6600 ROCKLEDGE DRIVE, 6TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20817		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 any other like empowered					
SIGNATURE: <i>Sadye C. Sanders</i>			Sadye C. Sanders Assistant Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 8/8/06		Daytime Phone #: (202) 694-4433