

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90340 043 ***150.00

DOCUMENT # F00000001073					
1. Entity Name SYSTEMS RESEARCH AND APPLICATIONS CORPORATION					
Principal Place of Business 4300 FAIR LAKES COURT FAIRFAX, VA 22033			Mailing Address 4300 FAIR LAKES COURT FAIRFAX, VA 22033		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212004 Chg-P CR2E034 (10/03)	
4. FEI Number 54-1013306				Applied For <input type="checkbox"/> 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		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 D <input type="checkbox"/> Delete NAME BREHM, WILLIAM K STREET ADDRESS 4300 FAIR LAKES COURT CITY-ST-ZIP FAIRFAX, VA 22033	TITLE D <input type="checkbox"/> Delete NAME VOLGENAU, ERNST DR STREET ADDRESS 4300 FAIR LAKES COURT CITY-ST-ZIP FAIRFAX, VA 22033		TITLE D/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE V/CFO/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VCFO <input type="checkbox"/> Delete NAME HUGHES, STEPHEN STREET ADDRESS 4300 FAIR LAKES COURT CITY-ST-ZIP FAIRFAX, VA 22033	TITLE T <input type="checkbox"/> Delete NAME GRUBBS, WAYNE STREET ADDRESS 4300 FAIR LAKES COURT CITY-ST-ZIP FAIRFAX, VA 22033		TITLE P/COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Renato DiPentima STREET ADDRESS 4350 Fair Lakes Ct CITY-ST-ZIP Fairfax, VA 22033		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 all other like empowered.					
SIGNATURE: C. Wayne Grubbs			4-23-04 (703) 227-2011		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		