


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000001430</b>	
1. Entity Name SI INTERNATIONAL APPLICATION DEVELOPMENT, INC.	

Principal Place of Business 12012 SUNSET HILLS ROAD SUITE 800 RESTON, VA 20190	Mailing Address 12012 SUNSET HILLS ROAD SUITE 800 RESTON, VA 20190
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07182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-1089282	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTLE, S. BRADFORD 12012 SUNSET HILLS ROAD, SUITE 800 RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD OLESON, RAY J 12012 SUNSET HILLS ROAD, SUITE 800 RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNN, THOMAS E 12012 SUNSET HILLS ROAD, SUITE 800 RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIEL, JAMES E 12012 SUNSET HILLS ROAD, SUITE 800 RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000374446  
07/25/05-80010-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Secretary*

7-18-05

Date

703-234-7000

Daytime Phone #