

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # F00000001430

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

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
52-1089282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ANGLE, S. BRADFORD
STREET ADDRESS 12012 SUNSET HILLS ROAD, SUITE 800
CITY- ST- ZIP RESTON, VA 20190

TITLE CEO
NAME OLESON, RAY J
STREET ADDRESS 12012 SUNSET HILLS ROAD, SUITE 800
CITY- ST- ZIP RESTON, VA 20190

TITLE TD
NAME DUNN, THOMAS E
STREET ADDRESS 12012 SUNSET HILLS ROAD, SUITE 800
CITY- ST- ZIP RESTON, VA 20190

TITLE S
NAME DANIEL, JAMES E
STREET ADDRESS 12012 SUNSET HILLS ROAD, SUITE 800
CITY- ST- ZIP RESTON, VA 20190

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000399238
02/01/06-80001-005 600.00

**DO NOT WRITE
IN THIS SPACE**

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 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

Date

Daytime Phone #

JAMES E. DANIEL, SECRETARY 1/6/06 703-234-7000