2004 FOR PROFIT CORPORATION

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

04-29-2004 90211 015 ***150.00

ANNUAL REPORT	
DOCUMENT # F0000003009 1. Entity Name	
CES FACILITIES MANAGEMENT SERVICES, INC.	

CES FACILITIES MANAGEMENT SERVICES, INC.						0.40	. TT 13. 1**	L 41		
Principal Place of Business 320 23RD STREET SOUTH ARLINGTON, VA 22202 Mailing Address 320 23RD STREET SOUTH ARLINGTON, VA 22202						706	, ,			
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.			04	04062004 Chg-P CR2E034 (10/03)						
City & State City & State			4.	FEI Number 54-1961798		plied For t Applicable				
Zip	Country	Zip	Country	5.	Certificate of Status Desired		3.75 Add e Required			
	6. Name and Address of Current F	Registered Agent		7.	7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY			Street A	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 Signature, typed or printed name of registered agent and little it applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Con		\$5.00 Added to						
10.	OFFICERS AND	DIRECTORS	11.	A	DDITIONS/CHANGES TO OFF	FICERS AND D	RECTORS			
TITLE	SVP	🔀 Delete	TITLE	Presid			Change	XX Addition		
NAME	ROGERS, PHILIP B	100	NAME CARREST ADDRESS		am A. Rodgers		100			
STREET ADDRESS CITY-S1-ZIP	320 23RD STREET SOUTH STE ARLINGTON, VA 22202	100	STREET ADDRESS CITY-ST-ZIP		3rd Street Sout gton, VA 22202	h, Suite	5 100			
TITLE	SVP	☐ Delete	TITLE		r Vice Presiden	t ſ	Change	XX Addition		
NAME	CROSBY, DEBORAH F	Delete	NAME		p D. Sayers					
STREET ADDRESS					3rd Street Sout	h, Suite	e 100			
CITY-ST-ZIP	ARLINGTON, VA 22202		CITY-ST-ZIP		gton, VA 22202					
TITLE	VP	☐ Delete	TITLE	Treasu			_ Change	XX Addition		
NAME	ROGERS, WILLIAM	ND	NAME CTREET ADORESCE		n E. Gulley	L C	- 100			
STREET ADDRESS CITY-ST-ZIP	301 MERRITT SEVEN 6TH FLOO NORWALK, CT 06851	JK .	STREET ADDRESS CITY - ST - ZIP		3rd Street Sout gton, VA 22202_	n, Suite	3 100			
TITLE	S	☐ Delete	TITLE	Secret			Change	Addition		
NAME	SPERA, JOHNNA S	L DONG	NAME		a S. Spera	-		_		
STREET ADDRESS	2345 CRYSTAL DRIVE, ELEVEN	TH FLOOR	STREET ADDRESS		3rd Street Sout	h, Suite	100			
CITY-ST-ZIP	ARLINGTON, VA 22202		CITY-ST-ZIP		gton, VA 22202					
THTLE	AS	☐ Delete	TITLE	Senior		×	☐ Change	Addition		
NAME	DONELAN, FRANK	00	NAME		ah F. Crosby	L () *.	100	ļ		
STREET ADDRESS CITY - ST - ZIP	301 MERRITT SEVEN, 6TH FLO NORWALK, CT 06851	UK	STREET ADDRESS CITY-ST-ZIP		Brd Street Soutl gton, VA 22202	n, sulte	: 100	ļ		
		FVI neithe	TITLE	Direc			Change	XX Addition		
TITLE NAME	D LEVY, JEFFREY M	☑ Delete	NAME	l l	ctor evin Matz	L	Ondrige	AAAA		
STREET ADDRESS	301 MERRITT SEVEN, 6TH FLO	OR	STREET ADDRESS		Merritt Seven,	6th Floo	or			
CITY-ST-ZIP	NORWALK, CT 06851		CITY-ST-ZIP	Norwa	alk, CT 06851					

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:

Johnna S. Spera GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(703) 769-1302