

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90341 046 ***150.00

20048755



01252005 Chg-P CR2E034 (10/03)

4. FEI Number
25-1744631
Applied For
Not Applicable

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

DOCUMENT # F00000006394
1. Entity Name
MARCONI COMMUNICATIONS FEDERAL, INC.



Principal Place of Business
1000 MARCONI DRIVE
WARRENDALE, PA 15086

Mailing Address
1000 MARCONI DRIVE
WARRENDALE, PA 15086

2. Principal Place of Business
10500 LITTLE PATUXENT PKWY

3. Mailing Address
10500 LITTLE PATUXENT PKWY

Suite, Apt. #, etc.
SUITE 400

Suite, Apt. #, etc.
SUITE 400

City & State
COLUMBIA, MD

City & State
COLUMBIA, MD

Zip
21044

Country
USA

Zip
21044

Country
USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAVENS, RALPH S 5457 TWIN KNOLLS ROAD COLUMBIA, MD 21045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HAVENS, RALPH F 10500 LITTLE PATUXENT PKWY - STE 400 COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOLOSARY, GERALD F 5457 TWIN KNOLLS ROAD COLUMBIA, MD 21045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10500 LITTLE PATUXENT PKWY - STE 400 COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKENEY, DAVID L 1000 MARCONI DRIVE WARRENDALE, PA 15086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 MARCONI DRIVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAJER, JOSEPH S 1000 MARCONI DRIVE WARRENDALE, PA 15086 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DOY, GEOFFREY 3000 MARCONI DRIVE WARRENDALE, PA 15086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORSEN, HOWARD B 5457 TWIN KNOLLS ROAD COLUMBIA, MD 21045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10500 LITTLE PATUXENT PKWY - STE 400 COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVINE, JOHN P 5457 TWIN KNOLLS ROAD COLUMBIA, MD 21045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10500 LITTLE PATUXENT PKWY - STE 400 COLUMBIA, MD 21044

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: _____ April 6, 2005 (630) 285-5303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #