2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90028 029 ***150.00

DOCUMENT # F01000000121

1. Entity Name
CAIRO TECHNOLOGY CORPORATION

Principal Place of Business	Mailing Address
8700 CENTERVILLE ROAD MANASSAS VA 20110	8700 CENTERVILLE ROAD MANASSAS VA 20110

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
14900 CONFERENCE CENTER DR		14900 CONFERENCE CENTER DR	
Suite, Apt. #, etc. 500		Suite, Apt. #, etc. 500	
City & State CHANTILLY VA		City & State CHANTILLY VA	
Zip 20151	Country FAIRFAX	Zip 20151	Country FAIRFAX

4. FEI Number 54-1938481 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ALEMAN, ALBA	
STREET ADDRESS	43494 SAVOY WOODS COURT	
CITY-ST-ZIP	CHANTILLY VA 20152	
TITLE	V	☐ Delete
NAME	ROBERTS, RAYMOND	
STREET ADDRESS	43494 SAVOY WOODS COURT	
CITY-ST-ZIP	CHANTILLY VA 20152	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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)(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: ALBA M. ALEMÁN 3/23/04 (703) 667-9420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #