

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90057 010 \*\*\*150.00

**60011667**



<b>DOCUMENT # F01000000150</b> 1. Entity Name <b>SCIENCE &amp; ENGINEERING ASSOCIATES, INC.</b>					
Principal Place of Business <b>ONE SUN PLAZA 100 SUN AVENUE NE SUITE 500 ALBUQUERQUE, NM 87109</b>			Mailing Address <b>ONE SUN PLAZA 100 SUN AVENUE NE SUITE 500 ALBUQUERQUE, NM 87109</b>		
2. Principal Place of Business		3. Mailing Address <b>7918 Jones Branch Drive</b> Suite, Apt. #, etc. <b>Suite 400</b>			
Suite, Apt. #, etc. 		City & State <b>McLean, VA</b>			
City & State 		Zip <b>22102</b>		Country <b>US</b>	
4. FEI Number <b>85-0280770</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>OLIVER, DANIEL</b> <b>7918 JONES BRANCH DRIVE SUITE 400</b> <b>MCLEAN, VA 22102</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CHANDLER, DOUGLAS</b> <b>100 SUN AVE NE SUITE 500</b> <b>ALBUQUERQUE, NM 87109</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LESLIE, PAUL</b> <b>7450-B BOSTON BLVD</b> <b>SPRINGFIELD, VA 22153</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MILLER, SHEILA J</b> <b>100 SUN AVENUE NE SUITE 500</b> <b>ALBUQUERQUE, NM 87109</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WESTON, THOMAS W</b> <b>7918 JONES BRANCH DRIVE SUITE 400</b> <b>MCLEAN, VA 22102</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ODEEN, PHIL</b> <b>7918 JONES BRANCH DRIVE SUITE 400</b> <b>MCLEAN, VA 22102</b>	<input type="checkbox"/> Delete			
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 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Thomas W. Weston, Jr.</u> <b>1/17/06</b> <b>703-712-6500</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devine Phone #</small>					