

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90070 048 ***150.00

DOCUMENT # F01000000693

1. Entity Name
SYSTEMS SUPPORT ALTERNATIVES, INC.



Principal Place of Business
**14502 GREENVIEW DRIVE, #500
LAUREL, MD 20708**

Mailing Address
**14502 GREENVIEW DRIVE, #500
LAUREL, MD 20708**

08000603



2. Principal Place of Business

5845 Richmond Highway

Suite, Apt. #, etc.
405

City & State
Alexandria VA

Zip
22303

Country
U.S.

3. Mailing Address

5845 Richmond Highway

Suite, Apt. #, etc.
405

City & State
Alexandria, VA

Zip
22303

Country
U.S.

08022004 Chg-P CR2E034 (10/03)

4. FEI Number
52-1647302

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GASKINS, TERRY**
STREET ADDRESS **14502 GREENVIEW DRIVE, #500**
CITY-ST-ZIP **LAUREL, MD 20708**

TITLE **VS** ☐ Delete
NAME **LEMIRE, TONI**
STREET ADDRESS **14502 GREENVIEW DRIVE, #500**
CITY-ST-ZIP **LAUREL, MD 20708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Terry Gaskins 8/9/04 (703) 960-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #