


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90042 010 \*\*\*150.00

<b>DOCUMENT # F01000000948</b> 1. Entity Name <b>SIGNAL SOLUTIONS, INC.</b>																																																																																																																																																																							
Principal Place of Business <b>3040 WILLIAMS DRIVE, STE 200 FAIRFAX, VA 22031</b>			Mailing Address <b>3040 WILLIAMS DRIVE, STE 200 FAIRFAX, VA 22031</b>																																																																																																																																																																				
2. Principal Place of Business		3. Mailing Address																																																																																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																																					
City & State		City & State																																																																																																																																																																					
Zip		Country		Zip																																																																																																																																																																			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																																			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				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 _____ DATE _____ <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, 2004 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>																																																																																																																																																																				
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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.																																																																																																																																																																							
<b>SIGNATURE:</b> <u>Fredrick J Neville Jr</u> <b>FREDERICK J NEVILLE JR</b> <u>09/18/04</u> <b>703-205-0500</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																							