## .2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 10, 2005 8:00 am **Secretary of State** DOCUMENT # F01000000948 1. Entity Name 02-10-2005 90060 023 \*\*\*150.00 SIGNAL SOLUTIONS, INC. Mailing Address Principal Place of Business 3040 WILLIAMS DRIVE, STE 200 3040 WILLIAMS DRIVE, STE 200 50013507 FAIRFAX, VA 22031 FAIRFAX, VA 22031 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 CR2E034 (10/03) City & State 4 FEI Number Applied For City & State 54-1400723 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition HENGST, TED NAME NAME 3040 WILLAMS DRIVE STE 200 STREET ADDRESS STREET ADDRESS FAIRFAX, VA 22031 CITY+ST-ZIP CITY-ST-ZIP TITLE Delete TITLE vi**c**e president ☐ Change NAME AHN, TED NAME MICHAEL GARRITY STREET ADDRESS 3040 WILLIAMS DRIVE STE 200 STREET ADDRESS Street CITY-ST-7IP CITY-ST-ZIP FAIRFAX, VA 22031 Addition Delete -TITLE TITLE Treasurer David Fogg 2941 Fairview Park Dr Falls Church, VA 220 KAPUR, MADHU NAME NAME STREET ADDRESS STREET ADDRESS 3040 WILLIAMS DRIVE STE 200 ALEXANDRIA, VA 22301 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change Michael Mancuso **NEVILLE, FRED** NAME NAME fl Pairview Park Dr., STREET ADDRESS Ste 100 STREET ADDRESS 3040 WILLIAMS DR., STE. 200 CITY-ST-ZIE FAIRFAX, VA 22031 CITY-ST-ZIP uurcl Addition TITLE TITLE ☐ Delete President NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 States. 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

SIGNATURE:

FILED