

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90472 002 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F01000000948**

1. Entity Name
~~SIGNAL CORPORATION OF VIRGINIA~~

VERIDIAN IT SERVICES, INC



Principal Place of Business
 3040 WILLIAMS DRIVE, STE 200
 FAIRFAX VA 22031

Mailing Address
 3040 WILLIAMS DRIVE, STE 200
 FAIRFAX VA 22031



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1400723**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHILDERS, JOHN
909 S.W. 1ST AVE BRICKELL FEDERAL BLDG
RM #817-A
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MODY, ROGER 3040 WILLIAMS DR., STE 200 FAIRFAX VA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MODY, LORI 3040 WILLIAMS DR., STE 200 FAIRFAX VA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSS, SCOTT 3040 WILLIAMS DR., STE 200 FAIRFAX VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & DIRECTOR SCOTT GOSS 3040 WILLIAMS DRIVE SUITE 200 FAIRFAX, VIRGINIA 22031	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.F.O TED AHN 3040-WILLIAMS-DRIVE SUITE 200 FAIRFAX, VIRGINIA 22031	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MADHU KAPUR 3040 WILLIAMS DRIVE SUITE 200 FAIRFAX, VIRGINIA 22031	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/24/03** Daytime Phone # **703 205 0500**

CR2E034 (10/02)

Attachment
FO10000009418

90039349

SIMULATED WATERMARK ON BACK/HOLD AT ANGLE TO VIEW

Veridian
Veridian IT Services
3040 WILLIAMS DRIVE
SUITE 200
FAIRFAX VIRGINIA 22031

FIRST UNION NATIONAL BANK
68-7270/2560

DATE: 01/28/2003
CONTROL NO: 000105130
AMOUNT: \$150.00

VOID AFTER 180 DAYS

One Hundred Fifty And 00/100 Dollars

FLORIDA DEPARTMENT OF REVENUE
UNIFORM BUSINESS REPORTS
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE FL 32302-1500

PAY TO THE ORDER OF:

105130

AUTHORIZED SIGNATURE

VOID FEATURE PANTOGRAPH

⑈ 105130⑈ ⑆ 25607270⑆ ⑆ 2079900104239⑈