

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001385

FILED
Jun 04, 2007
Secretary of State

Entity Name: SOFTEK STORAGE SOLUTIONS CORPORATION

Current Principal Place of Business:

1921 GALLOWS ROAD
SUITE 250
VIENNA, VA 22182

New Principal Place of Business:

Current Mailing Address:

1921 GALLOWS ROAD
SUITE 250
VIENNA, VA 22182

New Mailing Address:

FEI Number: 77-0565742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURPHY, STEVEN F
Address: 1921 GALLOWS ROAD, SUITE 250
City-St-Zip: VIENNA, VA 22182

Title: CFO () Delete
Name: FREDERICK, ROLAND S
Address: 1921 GALLOWS ROAD, SUITE 250
City-St-Zip: VIENNA, VA 22182

Title: D () Delete
Name: BURTON, JOHN
Address: 11955 FREEDOM DRIVE, SUITE 7000
City-St-Zip: RESTON, VA 20190

Title: D () Delete
Name: GUIRA, ALEX
Address: 280 PARK AVE., 36TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: D () Delete
Name: DAWSON, BRENDAN
Address: 116 GOVERNORS ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V () Delete
Name: REISER, JOEL
Address: 1921 GALLOWS ROAD, SUITE 250
City-St-Zip: VIENNA, VA 22182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JOHNSON, DAVID L
Address: 1 NEW ORCHARD RD, MD 217
City-St-Zip: ARMONK, NY 10504

Title: D (X) Change () Addition
Name: GOLDSTEIN, MARK
Address: 1 NEW ORCHARD RD, MD 215
City-St-Zip: ARMONK, NY 10504

Title: D (X) Change () Addition
Name: LUIS, CUSTODIO G
Address: 294 ROUTE 100, MD 4404
City-St-Zip: SOMERS, NY 10589

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL REISER

V

06/04/2007

Electronic Signature of Signing Officer or Director

Date