2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003532

DULAN, JOHN

6564 LOISDALE COURT, SUITE 800

SPRINGFIELD, VA 22150

Name:

Address:

City-St-Zip:

FILED Jul 08, 2004 Secretary of State

Entity Name: MCNEIL TECHNOLOGIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 6564 LOISDALE CT., STE #800 SPRINGFIELD, VA 22150 **Current Mailing Address: New Mailing Address:** 6564 LOISDALE CT., STE #800 SPRINGFIELD, VA 22150 FEI Number: 54-1365583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CSD () Delete Title: () Change () Addition Name: MCNEIL, JAMES L Name: 6564 LOISDALE COURT, STE #800 Address: Address: City-St-Zip: SPRINGFIELD, VA City-St-Zip: Title: Title: () Delete () Change () Addition Name: THOMAS, RONALD Name: 6564 LOISDALE COURT, STE #800 Address: Address: SPRINGFIELD, VA City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition HERROLD, WILLIAM Name: Name: 6564 LOISDALE COURT, SUITE 800 Address: Address: City-St-Zip: SPRINGFIELD, VA 22150 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN C. DULAN CFO 07/08/2004