

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001106

Entity Name: CROWN CI, INC.

FILED
Sep 02, 2008
Secretary of State

Current Principal Place of Business:

1130 CONNECTICUT AVE, NW
SUITE 830
WASHINGTON, DC 20036

New Principal Place of Business:

Current Mailing Address:

1130 CONNECTICUT AVE, NW
SUITE 830
WASHINGTON, DC 20036

New Mailing Address:

FEI Number: 52-1541418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: CEO () Delete
Name: KHAN, AFZAL I
Address: 400 FIRESTONE DRIVE
City-St-Zip: SILVER SPRINGS, MD 20905

Title: VP () Delete
Name: BUDIN, DAVID
Address: 6913 RIDGEWOOD AVENUE
City-St-Zip: CHEVY CHASE, MD 20815

Title: CFO () Delete
Name: CARMICHAEL, H. DAVID
Address: 5621 CAVALIER WOODS AVENUE
City-St-Zip: CLIFTON, VA 20124

Title: VP () Delete
Name: MYERS, CATHERINE
Address: 8 LEA POND COURT
City-St-Zip: MONTGOMERY VILLAGE, MD 20886

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: PRES () Change (X) Addition
Name: BASHARA, THOMAS
Address: 2600 PENNY ROYAL LANE
City-St-Zip: RESTON, VA 20191 US

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: H. DAVID CARMICHAEL

CFO

09/02/2008

Electronic Signature of Signing Officer or Director

_____ Date