


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90191 049 \*\*\*150.00

**DOCUMENT # F02000003043**

1. Entity Name  
**PEC SOLUTIONS, INC.**



Principal Place of Business  
**12750 FAIR LAKE CIRCLE  
 FAIRFAX, VA 22033**

Mailing Address  
**12750 FAIR LAKE CIRCLE  
 FAIRFAX, VA 22033**

**24068052**

2. Principal Place of Business  
**12730 Fair Lakes Circle**  
 Suite, Apt. #, etc.

3. Mailing Address  
**12730 Fair Lakes Circle**  
 Suite, Apt. #, etc.



04202004 Chg-P CR2E034 (10/03)

City & State  
**Fairfax, VA**

City & State  
**Fairfax, VA**

Zip  
**22033**

Country  
**USA**

4. FEI Number  
**54-1339972**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00**

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	PCEO KARLGAARD, DAVID C 12750 FAIR LAKES CIRCLE FAIRFAX, VA 22033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12730 Fair Lakes Circle Fairfax, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BRATIOTIS, CHRISTOS 12750 FAIR LAKES CIRCLE FAIRFAX, VA 22033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12730 Fair Lakes Circle Fairfax, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP OWLETT, CHARLES E 12750 FAIR LAKES CIRCLE FAIRFAX, VA 22033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12730 Fair Lakes Circle Fairfax, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCTO HARBITTER, ALAN H 12750 FAIR LAKES CIRCLE FAIRFAX, VA 22033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12730 Fair Lakes Circle Fairfax, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS LLOYD, STUART R 12750 FAIR LAKES CIRCLE FAIRFAX, VA 22033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12730 Fair Lakes Circle Fairfax, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCOO RICE, PAUL G 12750 FAIR LAKES CIRCLE FAIRFAX, VA 22033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12730 Fair Lakes Circle Fairfax, VA 22033

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 a letter like empowered.

SIGNATURE: Alan H. Harbitter **4-29-04** **703-679-4900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #