

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000003043	
1. Entity Name NORTEL GOVERNMENT SOLUTIONS INCORPORATED	

Principal Place of Business 12730 FAIR LAKE CIRCLE FAIRFAX, VA 22033	Mailing Address 12730 FAIR LAKE CIRCLE FAIRFAX, VA 22033
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1339972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000949413
 06/03/08 00020 011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SAFFELL, CHARLES COB 12730 FAIR LAKE CIRCLE FAIRFAX, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO PAIGE, MICHAEL 12730 FAIR LAKES CIRCLE FAIRFAX, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SZEREMETA, STEPHEN CLO 12730 FAIR LAKE CIRCLE FAIRFAX, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT BRACCI, STEVEN 12730 FAIR LAKE CIRCLE FAIRFAX, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FISH, PETER 12730 FAIR LAKE CIRCLE FAIRFAX, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBITTER, ALAN 12730 FAIR LAKE CIRCLE FAIRFAX, VA 22033

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation 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 like empowered.

SIGNATURE: *Alan Harbitter* ASSURANT SECRETARY Date: 4/20/08 Daytime Phone #: 703-653-8064