

# 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**



04182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

**DO NOT WRITE  
IN THIS SPACE**

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 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 all other like empowered.

**SIGNATURE**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ASSISTANT SECRETARY*

Date *4/20/08* Daytime Phone # *703-653-8064*