

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003170

Entity Name: GOVCONNECTION, INC.

FILED
Mar 29, 2006
Secretary of State

Current Principal Place of Business:

7503 STANDISH PLACE
ROCKVILLE, MD 20855

New Principal Place of Business:

Current Mailing Address:

7503 STANDISH PLACE
ROCKVILLE, MD 20855

New Mailing Address:

FEI Number: 52-1837891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: WEATHERSON, DONALD
Address: 730 MILFORD RD
City-St-Zip: MERRIMACK, NH 03054

Title: S () Delete
Name: MARKIEWICZ, STEVEN
Address: 450 MARLBORO STREET
City-St-Zip: KEENE, NH 03431

Title: V () Delete
Name: WEINTRAUB, STAN
Address: 7503 STANDISH PLACE
City-St-Zip: ROCKVILLE, MD 20855

Title: V () Delete
Name: NEMEROFF, ED
Address: 7503 STANDISH PLACE
City-St-Zip: ROCKVILLE, MD 20855

Title: SRV () Delete
Name: LIPKIN, JOEL
Address: 7503 STANDISH PLACE
City-St-Zip: ROCKVILLE, MD 20855

Title: D () Delete
Name: MOUSSEAU, BRAD
Address: 730 MILFORD RD
City-St-Zip: MERRIMACK, NH 03054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: SMITH, RONALD
Address: 7305 STANDISH PLACE
City-St-Zip: ROCKVILLE, MD 20855

Title: T (X) Change () Addition
Name: ANDERSON, GARY
Address: 730 MILFORD RD.
City-St-Zip: MERRIMACK, NH 03054

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

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

Title: V (X) Change () Addition
Name: HOWARD, ROBERT
Address: 730 MILFORD RD.
City-St-Zip: MERRIMACK, NH 03054

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY ANDERSON

T

03/29/2006

Electronic Signature of Signing Officer or Director

Date