2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004123

Entity Name: SCITOR CORPORATION

FILED Jan 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
3RD FLOC	PORATE PAI OR N, VA 20171	RK DRIVE			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
2251 CORPORATE PARK DRIVE HERNDON, VA 20171			2251 CORPORATE PARK DRIVE 3RD FLOOR HERNDON, VA 20171		
FEI Number:	94-2622443	FEI Number Applied For ()	FEI Number Not Applicable (Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Addres	ss of New Registered Agent:	
1200 SOU	ORATION SY TH PINE ISLA ON, FL 3332	ND ROAD			
The above in the State	named entity e of Florida.	submits this statement for the p	urpose of changing its regist	tered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	HOSKINS, JAI	RATE PARK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TAYLOR, JAM	RATE PARK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KOSINSKI, RO	RATE PARK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEIFFER, JOI	MONICA BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NOLAN, PETÈ	MONICA BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ROBERT KOSINSKI CFO 01/29/2009