

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005127

Entity Name: 911EP, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

13386 INTERNATIONAL PKWY
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

13850 MCLEAREN ROAD
HERNDON, VA 20171

New Mailing Address:

FEI Number: 13-4213473

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 RD
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: DVPS () Delete
Name: GRAHAM, IAN
Address: 13386 INTERNATIONAL PARKWAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: D P () Delete
Name: O'BRIEN, SCOTT
Address: 13386 INTERNATIONAL PARKWAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP T () Delete
Name: JACOBS, BRADLEY W
Address: 1601 RESEARCH BLVD
City-St-Zip: ROCKVILLE, MD 20850

Title: VPAS () Delete
Name: CHESTON, SHEILA C
Address: 1601 RESEARCH BLVD
City-St-Zip: ROCKVILLE, MD 20850

Title: AT () Delete
Name: SHAW, TERRY L
Address: 1601 RESEARCH BLVD
City-St-Zip: ROCKVILLE, MD 20850

Title: VPAT () Delete
Name: MURPHY, ROBERT T
Address: 1601 RESEARCH BLVD
City-St-Zip: ROCKVILLE, MD 20850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: IAN GRAHAM

DVPS

04/08/2009

Electronic Signature of Signing Officer or Director

Date