2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005504

FILED Mar 11, 2005 Secretary of State

Entity Name: SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
409 3RD S WASHING	ST SW STON, DC 200)243213			
Current Mailing Address:			New Maili	New Mailing Address:	
409 3RD S WASHING	ST SW STON, DC 200	0243213			
FEI Number	: 52-1067290	FEI Number Applied For ()	FEI Number Not App	icable () Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
	ATION SERVIO	CE COMPANY			
	S STREET SSEE, FL 323	01 US			
SIGNATU		nic Signature of Registered A	Agent	Date	
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P () YANCEY, JR, V 21380 CLAPPE ASHBURN, VA	ERTOWN DR	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition YANCEY, JR, W KENNETH 21380 CLAPPERTOWN DR ASHBURN, VA 20147	
		\ Doloto	Title:	() Change () Addition	
√ame: √ddress:	V () BRITT, SANDR 5409 LAKEFOR BOWIE, MD 20	RD LANE	Name: Address: City-St-Zip:	() Change () Mandon	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	BRITT, SANDR 5409 LAKEFOR BOWIE, MD 20	A A RD LANE 0720) Delete RISTINE DE TERRACE	Name: Address:	() Change () Addition	
Name: Address: City-St-Zip: Fitle: Name: Address:	BRITT, SANDR 5409 LAKEFOR BOWIE, MD 20 V () GOODNO, CHF 7724 HAVENSI ROCKVILLE, M	A A RD LANE 0720) Delete RISTINE DE TERRACE ID 20855) Delete RT	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	BRITT, SANDR 5409 LAKEFOF BOWIE, MD 20 V () GOODNO, CHF 7724 HAVENSI ROCKVILLE, M D () BAILEY, ROBE 9628 SUMMER CARMEL, IN 4	A A RD LANE D720 Delete RISTINE DE TERRACE ID 20855 Delete RT LLAKES DR 6032 Delete NCAN OODS DRIVE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA A. BRITT VP 03/11/2005