


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90046 009 ***150.00

DOCUMENT # F02000005519			
1. Entity Name NATIONAL CAPITAL ADMINISTRATIVE SERVICES, INC.			
Principal Place of Business 3928 PENDER DRIVE STE. 100 FAIRFAX VA 22030		Mailing Address 3928 PENDER DRIVE STE. 100 FAIRFAX VA 22030	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB DEVOU, GREGORY A 3132 RIVER VALLEY CHASE WEST FRIENDSHIP MD 21794 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David D. Wolf 1405 Falls Crest Rd Fallston MD 21047 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELBER, MICHAEL J 14 LOCHMOOR COURT TIMONIUM MD 21093 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael A. Thompson 1811 Othello Court Bel Air, MD 21015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICCIOTTO, JOHN A 704 SUSSEX ROAD TOWSON MD 21286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael J. Casarella 19013 Cold Mine Place Brookeville MD 20833 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HAUER, JOHN L 1132 PERICLES DRIVE FALLSTON MD 21047 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Brenda L. Bethke 9 Blue Crab Court Sparrows Point, MD 21219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOBBITT, JAMES E 5528 APPERSON ROAD WHITE MARSH MD 21162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Patrick K. Ulrich 25437 Morse Drive South Riding, VA 20152 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCORD, ROBERT D 5035 TRIPLETT ROAD OWINGS MILLS MD 21117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Karen L. McDonald 2772 Hill Rd Fairfax, VA 22181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition



MOORE CR2E034 (11/03)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.9.04 443.471.4628