

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90031 005 \*\*\*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**

**40006772**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007 Chg-P CR2E034 (12/06)

4. FEI Number  
**52-1330940**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	DCOB	<input type="checkbox"/> Delete
NAME	DEVOU, GREGORY A	
STREET ADDRESS	3132 RIVER VALLEY CHASE	
CITY-ST-ZIP	WEST FRIENDSHIP, MD 21794	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELBER, MICHAEL J	
STREET ADDRESS	14 LOCHMOOR COURT	
CITY-ST-ZIP	TIMONIUM, MD 21093	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, KAREN L	
STREET ADDRESS	2772 HILL ROAD	
CITY-ST-ZIP	FAIRFAX, VA 22181	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIWOLF, DAVID	
STREET ADDRESS	1405 FALLS CREST RD.	
CITY-ST-ZIP	FALLSTON, MD 21047	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOBBITT, JAMES E	
STREET ADDRESS	5528 APPERSON ROAD	
CITY-ST-ZIP	WHITE MARSH, MD 21162	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON, MICHAEL A	
STREET ADDRESS	1811 OTHELLO COURT	
CITY-ST-ZIP	BEL AIR, MD 21015	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J Casarella	
STREET ADDRESS	714 Cristfield Way	
CITY-ST-ZIP	Annapolis, MD 21401	
TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brenda L. Betake	
STREET ADDRESS	9 Bluecrab Court	
CITY-ST-ZIP	Sparrows Point, MD 21401	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin J. Sherlock	
STREET ADDRESS	6572 Keller Court	
CITY-ST-ZIP	Clarksville, MD 21029	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2337-Boston ST	
CITY-ST-ZIP	Baltimore, MD 21224	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monika Bagda	
STREET ADDRESS	4 Knoll Ridge Cir. #1531	
CITY-ST-ZIP	Baltimore, MD 21210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07

Date

443-476219

Daytime Phone #