

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005923

FILED
Mar 19, 2009
Secretary of State

Entity Name: CARS CNISPE-2 INC.

Current Principal Place of Business:

8270 GREENSBORO DR., STE. 950
MCLEAN, VA 22102

New Principal Place of Business:

Current Mailing Address:

8270 GREENSBORO DR., STE. 950
MCLEAN, VA 22102

New Mailing Address:

FEI Number: 54-2085248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: TANSEY, FRANCIS X
Address: 8270 GREENSBORO DR., STE. 950
City-St-Zip: MCLEAN, VA 22102

Title: EVPS () Delete
Name: LUSKI, DAVID
Address: 8270 GREENSBORO DR., STE. 950
City-St-Zip: MCLEAN, VA 22102

Title: D () Delete
Name: BURNS, KEVIN
Address: 8270 GREENSBORO DR., STE. 950
City-St-Zip: MCLEAN, VA 22102

Title: VTD () Delete
Name: SUMMERS, BRIAN
Address: 8270 GREENSBORO DR., STE. 950
City-St-Zip: MCLEAN, VA 22102

Title: VAS () Delete
Name: APPRUZZESA, JEANN MARIE
Address: 8270 GREENSBORO DR, SUITE 950
City-St-Zip: MC LEAN, VA 22102

Title: SVAS () Delete
Name: MCEVOY, PAUL
Address: 8270 GREENSBORO DRIVE SUITE 950
City-St-Zip: MC LEAN, VA 22102

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: VAS (X) Change () Addition
Name: APPRUZZESE, JEAN MARIE
Address: 8270 GREENSBORO DR, SUITE 950
City-St-Zip: MC LEAN, VA 22102

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: JEAN MARIE APRUZZESE

SVAS

03/19/2009

Electronic Signature of Signing Officer or Director

Date