

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90013 050 \*\*\*150.00

**DOCUMENT # F02000006262**

1. Entity Name

**MHM SOLUTIONS, INC.**



Principal Place of Business

**8605 WESTWOOD CENTER DRIVE STE. 400  
VIENNA VA 22182**

Mailing Address

**8605 WESTWOOD CENTER DRIVE STE. 400  
VIENNA VA 22182**

2. Principal Place of Business

**1593 SPRING HILL ROAD**

Suite, Apt. #, etc.

**SUITE 610**

City & State

**VIENNA VA**

Zip  
**22182**

Country  
**USA**

3. Mailing Address

**1593 SPRING HILL ROAD**

Suite, Apt. #, etc.

**SUITE 610**

City & State

**VIENNA VA**

Zip  
**22182**

Country  
**USA**



MOORE

CR2E034 (11/03)

4. FEI Number

**60-0002002**

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
PINKERT, MICHAEL  
8605 WESTWOOD CENTER DRIVE STE. 400  
VIENNA VA 22182** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
WHEELER, STEVEN  
8605 WESTWOOD CENTER DRIVE STE. 400  
VIENNA VA 22182** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
CHUNN, PATRICK  
8605 WESTWOOD CENTER DRIVE STE. 400  
VIENNA VA 22182** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FERRETTI, WILLIAM  
8605 WESTWOOD CENTER DRIVE., STE. 400  
VIENNA VA 22182** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SANDLER, MICHAEL  
8605 WESTWOOD CENTER DRIVE., STE. 400  
VIENNA VA 22182** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHIPPON, JACOB  
8605 WESTWOOD CENTER DRIVE., STE. 400  
VIENNA VA 22182** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1593 SPRING HILL ROAD, SUITE 610  
VIENNA, VA 22182** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1593 SPRING HILL ROAD, SUITE 610  
VIENNA, VA 22182** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LESLIE M YOUNG  
1593 SPRING HILL ROAD, SUITE 610  
VIENNA, VA 22182** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1593 SPRING HILL ROAD, SUITE 610  
VIENNA, VA 22182** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1593 SPRING HILL ROAD, SUITE 610  
VIENNA, VA 22182** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1593 SPRING HILL ROAD, SUITE 610  
VIENNA, VA 22182** ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Leslie M. Young*

**LESLIE M YOUNG, SECRETARY**

**703-749-4600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #