


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000002701	
1. Entity Name SYNTEGRA FEDERAL INC.	

Principal Place of Business 1803 RESEARCH BLVD., SUITE 502 ROCKVILLE, MD 20850	Mailing Address 1803 RESEARCH BLVD., SUITE 502 ROCKVILLE, MD 20850
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-9147419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000058380 02/20/04-80027-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAULISHAK, JOHN G 1803 RESEARCH BLVD., SUITE 502 ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DYSTHE, ROGER 5200 WILSON ROAD, SUITE 156 EDINA, MN 55424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GARWOOD, WILLIAM 13158 HERITAGE WAY APPLE VALLEY, MN 55124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIME, J. WILLIAM ADM. 7423 PINK WOOD COLUMBIA, MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNELL, JAMES J 4524 CHELTENHAM DRIVE BETHESDA, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  ROGER DYSTHE VP 2/16/04 1251-415-4515	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		