


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90037 016 ***150.00

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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50043300

2. Principal Place of Business 11440 Commerce Park Dr. Suite, Apt. #, etc. Suite 100	3. Mailing Address 11440 Commerce Park Dr. Suite, Apt. #, etc. Suite 100
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01212005 Chg-P CR2E034 (10/03)

City & State Reston VA 20191	City & State Reston VA 20191	4. FEI Number 41-9147419	Applied For <input type="checkbox"/> Not Applicable
Zip 20191	Country FAIRFAX	Zip 20191	Country FAIRFAX

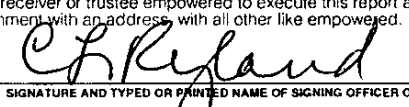
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAULISHAK, JOHN G 1803 RESEARCH BLVD., SUITE 502 ROCKVILLE, MD 20850 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PTAK, ALAN 11440 Commerce Pk Dr, Ste. 100 Reston VA 20191 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS DYSTHE, ROGER 5200 WILSON ROAD, SUITE 156 EDINA, MN 55424 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MINNICK, NANCY 11440 Commerce Park Dr, Ste 100 Reston VA 20191 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GARWOOD, WILLIAM 13158 HERITAGE WAY APPLE VALLEY, MN 55124 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RYLAND, PCHERYLE 4201 LEXINGTON AVE N ARDEN HILLS, MN 55126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIME, J. WILLIAM ADM. 7423 PINK WOOD COLUMBIA, MD 21046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRISON, ROBERT 4201 LEXINGTON AVE N ARDEN HILLS MN 55126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'CONNELL, JAMES J 4524 CHELTENHAM DRIVE BETHESDA, MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Date: 7/28/05 Daytime Phone #: 651-415-4473