

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003051

FILED
Mar 28, 2006
Secretary of State

Entity Name: SSI COST MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

8028 RITCHIE HIGHWAY
SUITE 120
PASADENA, MD 21122

New Principal Place of Business:

Current Mailing Address:

8028 RITCHIE HIGHWAY
SUITE 120
PASADENA, MD 21122

New Mailing Address:

FEI Number: 77-0328116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: THOMAS, MICHAEL J
Address: 8028 RITCHIE HIGHWAY, SUITE 120
City-St-Zip: PASADENA, MD 21122

Title: CD () Delete
Name: BARKER, JAN
Address: 5980 HORTON STREET, #390
City-St-Zip: EMERYVILLE, CA 94608

Title: D () Delete
Name: FOGARTY, THOMAS J MD
Address: 3270 ALPINE ROAD
City-St-Zip: PORTOLA VALLEY, CA 94028

Title: D () Delete
Name: WATANABE, GWEN
Address: 1001 BISHOP SQUARE, SUITE 1570
City-St-Zip: HONOLULU, HI 96813

Title: S () Delete
Name: MCGLYNN, CASTEY J
Address: 650 PAGE MILL ROAD
City-St-Zip: PALO ALTO, CA 94304

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL J THOMAS

PD

03/28/2006

Electronic Signature of Signing Officer or Director

_____ Date