

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006541

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: JAMES BELL ASSOCIATES, INC.

## Current Principal Place of Business:

1001 19TH STREET, NORTH, SUITE 1500  
ARLINGTON, VA 22209

## New Principal Place of Business:

## Current Mailing Address:

1001 19TH STREET, NORTH, SUITE 1500  
ARLINGTON, VA 22209

## New Mailing Address:

FEI Number: 52-1150061

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: PTC D ( ) Delete  
Name: BELL, JAMES  
Address: 1001 19TH STREET, NORTH, SUITE 1500  
City-St-Zip: ARLINGTON, VA 22209

Title: EVP ( ) Delete  
Name: KAYE, ELYSE  
Address: 1001 19TH STREET, NORTH, SUITE 1500  
City-St-Zip: ARLINGTON, VA 22209

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Change (X) Addition  
Name: DESANTIS, JAMES  
Address: 1001 19TH STREET, NORTH, SUITE 1500  
City-St-Zip: ARLINGTON, VA 22209

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: JOHN BRIGDEN

MR

01/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date