


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90003 038 \*\*\*550.00

<b>DOCUMENT # F05000002612</b> 1. Entity Name DIGITAL INTELLIGENCE SYSTEMS CORP.	
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Principal Place of Business 4151 LAFAYETTE CENTER DR. SUITE #600 CHANTILLY, VA 20151	Mailing Address 4151 LAFAYETTE CENTER DR. SUITE #600 CHANTILLY, VA 20151
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60046863



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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07082008 Chg-P CR2E034 (12/06)

-6. Name and Address of Current Registered Agent BUSBY, WAYNE ORION CENTER, 3001 NORTH ROCKY POINT DR. E SUITE 200 TAMPA, FL 33607	
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4. FEI Number  
54-1715860

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name JILL McCrosky Street Address (P.O. Box Number is Not Acceptable) 2701 N. ROCKY POINT DR SUITE 960 City TAMPA FL Zip Code 33607	
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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: JILL McCrosky *Jill McCrosky* 9/28/08  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSO AHMED, MAHFUZ 1126 MARLENE LANE GREAT FALLS, VA 22066 <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	CTO AHMED, MARUF 8200 HAMPTON OAK COURT MCLEAN, VA 22102 <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	COO LUTHRA, VIRINDER 13300 IVAKOTA FARM ROAD CLIFTON, VA 20124 <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	CEO BHATIA, ATUL 13304 IVAKOTA FARM ROAD CLIFTON, VA 20124 <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
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 exemptions contained 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 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: *Atul Bhatia* ATUL BHATIA 9/4/08 703 802 0500  
Signature and typed or printed name of signing officer or director Date Daytime Phone #