

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004520

FILED
Mar 24, 2009
Secretary of State

Entity Name: BMT DESIGNERS & PLANNERS, INC.

Current Principal Place of Business:

2120 WASHINGTON BLVD.
ARLINGTON, VA 22204

New Principal Place of Business:

Current Mailing Address:

2120 WASHINGTON BLVD.
ARLINGTON, VA 22204

New Mailing Address:

FEI Number: 13-5620740

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: P () Delete
Name: SALSICH, JOSEPH
Address: 2120 WASHINGTON BLVD., SUITE 200
City-St-Zip: ARLINGTON, VA 22204

Title: V () Delete
Name: CELOTTO, RICHARD
Address: 2120 WASHINGTON BLVD., SUITE 200
City-St-Zip: ARLINGTON, VA 22204

Title: TS () Delete
Name: REID, GAYLE
Address: 2120 WASHINGTON BLVD.
City-St-Zip: ARLINGTON, VA 22204

Title: C () Delete
Name: HOLLOWAY, LOWELL
Address: 2120 WASHINGTON BLVD., SUITE 200
City-St-Zip: ARLINGTON, VA 22204

Title: VC () Delete
Name: GRABB, JIM
Address: 2120 WASHINGTON BLVD.
City-St-Zip: ARLINGTON, VA 22204

Title: D () Delete
Name: GLEN, IAN
Address: 2120 WASHINGTON BLVD.
City-St-Zip: ARLINGTON, VA 22204

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:

Title: D (X) Change () Addition
Name: SMITH, GARY M
Address: 2120 WASHINGTON BLVD.
City-St-Zip: ARLINGTON, VA 22204

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: GAYLE REID

TS

03/24/2009

Electronic Signature of Signing Officer or Director

Date