


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90027 008 \*\*\*150.00

<b>DOCUMENT # F05000004630</b>	
1. Entity Name <b>ERA SYSTEMS CORPORATION</b>	

Principal Place of Business <b>5252 CHEROKEE AVE., STE 400 ALEXANDRIA, VA 22312</b>	Mailing Address <b>5252 CHEROKEE AVE., STE 400 ALEXANDRIA, VA 22312</b>
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2. Principal Place of Business - No P.O. Box # <b>1881 Campus Commons Dr.</b>	3. Mailing Address <b>1881 Campus Commons Dr.</b>
Suite, Apt. #, etc. <b>Suite 101</b>	Suite, Apt. #, etc. <b>Suite 101</b>

01312008 Chg-P CR2E034 (12/06)

City & State <b>Reston, VA</b>	City & State <b>Reston, VA</b>
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4. FEI Number <b>54-1596140</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>20191</b>	Country <b>USA</b>	Zip <b>20191</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>BLAIR, ROBERT P 28726 STORMCLOUD PASS WESLEY CHAPEL, FL 33543</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SMITH, ALEXANDER E 5252 CHEROKEE AVE., S TE 400 ALEXANDRIA, VA 22312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BALDWIN, JONATHAN C C 5252 CHEROKEE AVE., S TE 400 ALEXANDRIA, VA 22312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD ELLISON, DAVID 5252 CHEROKEE AVE STE 400 ALEXANDRIA, VA 22312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD YOUNG, JOHN 5252 CHEROKEE AVE., STE 400 ALEXANDRIA, VA 22312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, JONATHAN 5252 CHEROKEE AVENUE, STE 400 ALEXANDRIA, VA 22312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERL, JONATHAN 4750 OWINGS MILLS BLVD OWINGS MILLS, MD 21117 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: John D. Young 7 FEB 08 7036377282  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #