

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006845

Entity Name: PROXICOM-DAOU, INC.

FILED
Mar 09, 2006
Secretary of State

Current Principal Place of Business:

11600 SUNRISE VALLEY DRIVE
RESTON, VA 20191

New Principal Place of Business:

Current Mailing Address:

11600 SUNRISE VALLEY DRIVE
RESTON, VA 20191

New Mailing Address:

FEI Number: 20-3599704

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: PCEO () Delete
Name: COOLEY, PAUL
Address: 11600 SUNRISE VALLEY DRIVE
City-St-Zip: RESTON, VA 20191

Title: TCFO () Delete
Name: MURRAY, PAUL G
Address: 11600 SUNRISE VALLEY DRIVE
City-St-Zip: RESTON, VA 20191

Title: VS () Delete
Name: BRADLEY, BRENT D
Address: 11600 SUNRISE VALLEY DRIVE
City-St-Zip: RESTON, VA 20191

Title: VAS (X) Delete
Name: HATTLER, ERIC R
Address: 11600 SUNRISE VALLEY DRIVE
City-St-Zip: RESTON, VA 20191

Title: V (X) Delete
Name: FIELDS, LISA C
Address: 11600 SUNRISE VALLEY DRIVE
City-St-Zip: RESTON, VA 20191

Title: D (X) Delete
Name: COOLEY, PAUL
Address: 11600 SUNRISE VALLEY DRIVE
City-St-Zip: RESTON, VA 20191

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: () 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: PAUL MURRAY

CFO

03/09/2006

Electronic Signature of Signing Officer or Director

Date