

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001707

Entity Name: ADAPTIVE METHODS, INC.

FILED
Apr 26, 2011
Secretary of State

Current Principal Place of Business:

5885 TRINITY PARKWAY, STE. 230
CENTERVILLE, VA 20120

New Principal Place of Business:

5860 TRINITY PARKWAY, STE. 200
CENTREVILLE, VA 20120

Current Mailing Address:

5885 TRINITY PARKWAY, STE. 230
CENTERVILLE, VA 20120

New Mailing Address:

5860 TRINITY PARKWAY, STE. 200
CENTREVILLE, VA 20120

FEI Number: 52-0970306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

OFFICERS AND DIRECTORS:

Title: DSV
Name: ALLENSWORTH, WALTER
Address: 15825 SHADY GROVE RD., STE. 135
City-St-Zip: ROCKVILLE, MD 20850

Title: DVS
Name: MEISTER, MARK
Address: 15825 SHADY GROVE RD., STE. 135
City-St-Zip: ROCKVILLE, MD 20850

Title: DVT
Name: ROMAN, BARCLAY
Address: 5860 TRINITY PARKWAY, STE. 200
City-St-Zip: CENTREVILLE, VA 20120

Title: DP
Name: WOOD, LLEWELLYN
Address: 5860 TRINITY PARKWAY, STE. 200
City-St-Zip: CENTREVILLE, VA 20120

I hereby 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 all other like empowered.

SIGNATURE: BARCLAY ROMAN

DVT

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date