

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 30, 2008 8:00 am
Secretary of State**

04-30-2008 90204 013 ***150.00

DOCUMENT # F06000002145		
1. Entity Name ACCELOVANCE, INC.		

Principal Place of Business 2275 RESEARCH BLVD SUITE 700 ROCKVILLE, MD 20850	Mailing Address 2275 RESEARCH BLVD SUITE 700 ROCKVILLE, MD 20850
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04252008 Chg-P CR2E034 (12/06)

4. FEI Number 20-0956757	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

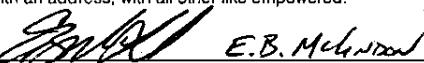
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named 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 Signature, typed or printed name of registered agent and title if applicable	(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"/> \$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	CP <input type="checkbox"/> Delete TREVISAN, STEPHEN J CEO 2275 RESEARCH BLVD, SUITE 700 ROCKVILLE, MD 20850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHRISTOPHER J. LANGE 2275 RESEARCH BLVD, SUITE 700 ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HOLADAY, JOHN 2275 RESEARCH BLVD, SUITE 700 ROCKVILLE, MD 20850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GRISWOLD, E BUCKLEY 2275 RESEARCH BLVD, SUITE 700 ROCKVILLE, MD 20850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete MCLINDON, EDMOND 2275 RESEARCH BLVD, SUITE 700 ROCKVILLE, MD 20850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KRAUSE, EDWARD 2275 RESEARCH BLVD, SUITE 700 ROCKVILLE, MD 20850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CONLEY, STEPHEN 2275 RESEARCH BLVD, SUITE 700 ROCKVILLE, MD 20850	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:  E.B. McInnon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Apr 2008 240-258-4900

Date

Daytime Phone #