

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001556

Entity Name: INSCOPE SOLUTIONS, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

1851 ALEXANDER BELL DR SUITE 105  
RESTON, VA 20191

## New Principal Place of Business:

## Current Mailing Address:

1851 ALEXANDER BELL DR SUITE 105  
RESTON, VA 20191

## New Mailing Address:

FEI Number: 51-0434266

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 32301 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: DP ( ) Delete  
Name: BRUCE, MICHAEL  
Address: 1851 ALEXANDER BELL DR SUITE 105  
City-St-Zip: RESTON, VA 20191

Title: CFOS ( ) Delete  
Name: STRUZI, GARY  
Address: 1851 ALEXANDER BELL DR SUITE 105  
City-St-Zip: RESTON, VA 20191

Title: T ( ) Delete  
Name: STRUZI, GARY  
Address: 1851 ALEXANDER BELL DR SUITE 105  
City-St-Zip: RESTON, VA 20191

Title: COO (X) Delete  
Name: MCCRAE, SCOTT  
Address: 1851 ALEXANDER BELL DR SUITE 105  
City-St-Zip: RESTON, VA 20191

Title: V ( ) Delete  
Name: CRAIG, JASON  
Address: 1851 ALEXANDER BELL DR SUITE 105  
City-St-Zip: RESTON, VA 20191

Title: VP (X) Delete  
Name: BREISETH, STEVE  
Address: 1851 ALEXANDER BELL DR SUITE 105  
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 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: GARY STRUZI

CFO

04/28/2009

Electronic Signature of Signing Officer or Director

Date