

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003958

Entity Name: M.J. HARDEN ASSOCIATES, INC.

FILED
Apr 12, 2011
Secretary of State

Current Principal Place of Business:

5700 BROADMOOR
STE 800
MISSION, KS 66202

New Principal Place of Business:

Current Mailing Address:

21700 ATLANTIC BLVD STE 500
DULLES, VA 20166

New Mailing Address:

2325 DULLES CORNER BLVD.
HERNDON, VA 20171

FEI Number: 44-0640199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: CPD
Name: O'CONNELL, MATTHEW M
Address: 2325 DULLES CORNER BLVD.
City-St-Zip: HERNDON, VA 20171

Title: VPSD
Name: WARREN, WILLIAM L
Address: 2325 DULLES CORNER BLVD.
City-St-Zip: HERNDON, VA 20171

Title: CFOD
Name: GREEVES, JOSEPH F
Address: 2325 DULLES CORNER BLVD.
City-St-Zip: HERNDON, VA 20171

Title: SVPD
Name: SCHUSTER, WILLIAM
Address: 2325 DULLES CORNER BLVD.
City-St-Zip: HERNDON, VA 20171

Title: VPAS
Name: CONNORS, DANIEL J
Address: 2325 DULLES CORNER BLVD.
City-St-Zip: HERNDON, VA 20171

Title: GM
Name: LEIBBRANDT, C. DOUGLAS
Address: 5700 BROADMOOR STE 800
City-St-Zip: MISSION, KS 66202

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: WILLIAM L WARREN

VPSD

04/12/2011

Electronic Signature of Signing Officer or Director

Date