

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002940

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** SI INTERNATIONAL TECHNOLOGY SERVICES, INC.

**Current Principal Place of Business:**

1818 LIBRARY ST, SUITE 1000  
RESTON, VA 20190 US

**New Principal Place of Business:**

1818 LIBRARY ST  
SUITE 1000  
RESTON, VA 20190 US

**Current Mailing Address:**

1818 LIBRARY ST, SUITE 1000  
RESTON, VA 20190 US

**New Mailing Address:**

1818 LIBRARY ST  
SUITE 1000  
RESTON, VA 20190 US

**FEI Number:** 56-1375202      **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:** PRES  
**Name:** STOWERS, MARYLYNN  
**Address:** 1818 LIBRARY ST, SUITE 1000  
**City-St-Zip:** RESTON, VA 20190

**Title:** VPS  
**Name:** DANIEL, JAMES E  
**Address:** 1818 LIBRARY ST, SUITE 1000  
**City-St-Zip:** RESTON, VA 20190

**Title:** VPT  
**Name:** SMITH, DIRK  
**Address:** 1818 LIBRARY ST, SUITE 1000  
**City-St-Zip:** RESTON, VA 20190

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: LAURA LOUIS

POA

03/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date