

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004855

Entity Name: MDA FEDERAL INC.

FILED  
Feb 15, 2006  
Secretary of State

## Current Principal Place of Business:

6011 EXECUTIVE BOULEVARD  
SUITE 400  
ROCKVILLE, MD 208523804

## New Principal Place of Business:

## Current Mailing Address:

6011 EXECUTIVE BOULEVARD  
SUITE 400  
ROCKVILLE, MD 208523804

## New Mailing Address:

FEI Number: 52-0894197      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: HALL, DOUGLAS K  
Address: 1505 MINTWOOD DRIVE  
City-St-Zip: MCLEAN, VA 22101

Title: VP ( ) Delete  
Name: LORUSSO, PATRICIA L  
Address: 12414 STADLER LANE  
City-St-Zip: BOWIE, MD 20715

Title: D ( ) Delete  
Name: MANRIO, PETER  
Address: 4670 CARLTON DUNES, UNIT II  
City-St-Zip: AMEILA ISLAND, FL 32034

Title: D ( ) Delete  
Name: KRYGIEL, ANNETTE J  
Address: P.O. BOX 373  
City-St-Zip: GREAT FALLS, VA 22066

Title: CEO ( ) Delete  
Name: HALL, DOUGLAS K  
Address: 1505 MINTWOOD DRIIVE  
City-St-Zip: MCLEAN, VA 22101

Title: TREA ( ) Delete  
Name: REEDY, STEVEN M  
Address: 4110 OLD BRIDGE LANE  
City-St-Zip: JEFFERSON, MD 21755

## 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 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: STEVEN M REEDY

TREA

02/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date