


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000001174</b> 1. Entity Name MANTECH ADVANCED SYSTEMS INTERNATIONAL, INC.	
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Principal Place of Business 12015 LEE JACKSON HWY. FAIRFAX, VA 22033	Mailing Address 12015 LEE JACKSON HWY. FAIRFAX, VA 22033
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04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-1396243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PEDERSEN, GEORGE J 12015 LEE JACKSON HWY., STE. 128 FAIRFAX, VA 22033300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORLAND, GARY A 12015 LEE JACKSON HWY FAIRFAX, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLEMAN, ROBERT A 12015 LEE JACKSON HWY FAIRFAX, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLEY, JAY W 12015 LEE JACKSON HWY FAIRFAX, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILLIPS, KEVIN M 12015 LEE JACKSON HWY FAIRFAX, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LANCASTER, CHRISTINE A 12015 LEE JACKSON HWY., STE. 128 FAIRFAX, VA 22033300

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05/17/06-80089-011 150.00

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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:  4/24/06 703-218-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #