

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002275

Entity Name: GX5, INC. (DE)

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

100 EDISON PARK DRIVE
GAITHERSBURG, MD 20878 US

New Principal Place of Business:

Current Mailing Address:

100 EDISON PARK DRIVE
GAITHERSBURG, MD 20878 US

New Mailing Address:

FEI Number: 52-1865641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: P () Delete
Name: GREENFIELD, GARY
Address: 100 EDISON PARK DRIVE
City-St-Zip: GAITHERSBURG, MD 20878 US

Title: V () Delete
Name: ARCHER, ROWLAND
Address: 100 EDISON PARK DRIVE
City-St-Zip: GAITHERSBURG, MD 20878 US

Title: S () Delete
Name: HUNTER, BRUCE
Address: 100 EDISON PARK DRIVE
City-St-Zip: GAITHERSBURG, MD 20878 US

Title: T () Delete
Name: SALAMONE, LOU
Address: 100 EDISON PARK DRIVE
City-St-Zip: GAITHERSBURG, MD 20878 US

Title: D () Delete
Name: HUNTER, BRUCE
Address: 100 EDISON PARK DRIVE
City-St-Zip: GAITHERSBURG, MD 20878 US

Title: D () Delete
Name: SALAMONE, LOU
Address: 100 EDISON PARK DRIVE
City-St-Zip: GAITHERSBURG, MD 20878 US

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: JUDITH SCHULMAN

ASTT

04/13/2006

Electronic Signature of Signing Officer or Director

Date