

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000003919**

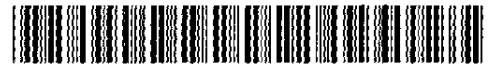
1. Entity Name  
**TRANSACTION NETWORK SERVICES, INC.**



Principal Place of Business  
**1939 ROLAND CLARKE PLACE  
RESTON, VA 20191 US**

Mailing Address  
**1939 ROLAND CLARKE PLACE  
RESTON, VA 20191 US**

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**54-1956660**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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  
**CEOD  
MCDONNELL, JOHN J  
1939 ROLAND CLARKE PLACE  
RESTON, VA 20191**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PCOO  
BATES, BRIAN J  
1939 ROLAND CLARKE PLACE  
RESTON, VA 20191**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VGM  
GOFF, HEIDI R  
1939 ROLAND CLARKE PLACE  
RESTON, VA 20191**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VCFO  
GRAHAM, HENRY H JR  
1939 ROLAND CLARKE PLACE  
RESTON, VA 20191**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VGCS  
KEEGAN, MICHAEL Q  
1939 ROLAND CLARKE PLACE  
RESTON, VA 20191**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VD  
MCDONNELL, JOHN J III  
1939 ROLAND CLARKE PLACE  
RESTON, VA 20191**

0000000420752  
02/16/06-80010-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Edo M...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06 703-453-8300  
Date Daytime Phone #