

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90068 014 \*\*\*150.00

**DOCUMENT # F96000001908**

1. Entity Name  
**TTI NATIONAL, INC.**



Principal Place of Business  
**22001 LOUDOUN CTY. PKWY.  
ASHBURN, VA 20147**

Mailing Address  
**1133 19TH ST NW  
8408  
WASHINGTON, DC 20036 US**

40077731



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Tax Dept 8408 Bldg C2-3 512  
22001 Loudoun County Parkway  
Ashburn, VA 20147

04122005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**64-0874463**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
CAPELLAS, MICHAEL  
22001 LOUDOUN COUNTY PKWY.  
ASHBURN, VA 20147** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Stephen C. Ferguson, Vice Pres  
22001 Loudoun County Parkway  
Ashburn, VA 20147** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HAMILL, WILLIAM  
22001 LOUDOUN COUNTY PKWY.  
ASHBURN, VA 20147** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Victoria Harker, Treas.  
22001 Loudoun County Parkway  
Ashburn, VA 20147** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AT  
MOONEY, STEPHEN R  
22001 LOUDOUN COUNTY PKWY.  
ASHBURN, VA 20147** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MCGAREY, JENNIFER  
22001 LOUDOUN COUNTY PKWY.  
ASHBURN, VA 20147** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BLAKELY, ROBERT T  
22001 LOUDOUN COUNTY PKWY.  
ASHBURN, VA 20147** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KELLY, ANASTASIA  
22001 LOUDOUN COUNTY PKWY.  
ASHBURN, VA 20147** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fee empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Stephen C. Ferguson, Vice Pres

Date

Daytime Phone #