


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90452 028 \*\*\*150.00

<b>DOCUMENT # F96000001908</b> 1. Entity Name <b>TTI NATIONAL, INC.</b>					
Principal Place of Business <b>22001 LOUDOUN CTY. PKWY. ASHBURN VA 20147</b>			Mailing Address <b>TAX DEPT 8408 BLDG C2-3 512 22001 LOUDOUN CTY. PKWY. ASHBURN VA 20147 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>64-0874463</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>CAPELLAS, MICHAEL</b> <b>22001 LOUDOUN COUNTY PKWY.</b> <b>ASHBURN VA 20147</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/CEO/D</b> <b>Kilian, John F</b> <b>22001 Loudoun County Pkwy</b> <b>Ashburn, VA 20147</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FERGUSON, STEPHEN C</b> <b>22001 LOUDOUN COUNTY PKWY.</b> <b>ASHBURN VA 20147</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Veatch, Marcus</b> <b>22001 Loudoun County Pkwy</b> <b>Ashburn, VA 20147</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HARKER, VICTORIA</b> <b>22001 LOUDOUN COUNTY PKWY.</b> <b>ASHBURN VA 20147</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Fitzmire, Robert</b> <b>22001 Loudoun County Pkwy</b> <b>Ashburn, VA 20147</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCGAREY, JENNIFER</b> <b>22001 LOUDOUN COUNTY PKWY.</b> <b>ASHBURN VA 20147</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>Milch, Randal S</b> <b>22001 Loudoun County Pkwy</b> <b>Ashburn, VA 20147</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLAKELY, ROBERT T</b> <b>22001 LOUDOUN COUNTY PKWY.</b> <b>ASHBURN VA 20147</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Shammo, Francis J.</b> <b>22001 Loudoun County Pkwy</b> <b>Ashburn, VA 20147</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KELLY, ANASTASIA</b> <b>22001 LOUDOUN COUNTY PKWY.</b> <b>ASHBURN VA 20147</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> <u>Marcus Veatch</u> <u>Marcus Veatch, vp</u> <u>4/10/06</u> <u>703.886.4970</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

