2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001978

Entity Name: EDO PROFESSIONAL SERVICES INC.

FILED Jan 11, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SHIRLINGTON GATEWAY BUILDING 2800 SHIRLINGTON ROAD ARLINGTON, VA 22206 US					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
C/O EDO CORPORATION 60 E. 42ND ST, 42ND FLOOR NEW YORK, NY 10165 US					
FEI Number:	54-1440169	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US					
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:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E SMITH, JAMES N 60 EAST 42ND S NEW YORK, NY	T 42ND FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD ()E BASSETT, FRED 60 EAST 42ND S NEW YORK, NY	T, 42ND FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () [PALUMBO, LISA 60 EAST 42ND S NEW YORK, NY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ()E HYDE, MILO W 2800 SHRILINGT ARLINGTON, VA	ON ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () E COMISKEY, PAT 60 EAST 42ND S NEW YORK, NY	T, 42ND FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () EPAVLOU, EFFIE 60 EAST 42ND S		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: LISA M. PALUMBO SD 01/11/2008