2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003659

Entity Name: THE COMMUNICATIONS CENTER (D.C.), INC.

FILED Jun 24, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	NE FIELD RD. STE 15 D, FL 33811 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	INECTICUT AVE			
#1102 WASHING	STON, DC 20036 US			
FEI Number	: 52-1500283 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Current Registered Age	nt: Name and Address o	f New Registered Agent:	
8439 DUN	ER, ROBERT P IHAM STATION DRIVE 'L 336473339 US			
	e named entity submits this statement for e of Florida.	r the purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registere	ed Agent	Date	
	ice with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution (•		
OFFICERS AND DIRECTORS:		•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DCPT () Delete CLINTON, WALTER D 2101 CONNECTICUT AVE. NW, #4 WASHINGTON, DC 20008	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVS () Delete CLINTON, GERALDINE 2101 CONNECTICUT AVE. NW, #4 WASHINGTON, DC 20008	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () Delete SCHLEIFER, ROBERT 11121 INDIAN OAKS DR. TAMPA, FL 33625	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V () Delete ZUPPAS, STEPHEN S	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: STEPHEN ZUPPAS CFO 06/24/2009

16509 GRAND VISTA DR.

DERWOOD, MD 20855

Address:

City-St-Zip: