

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90034 040 ***150.00

20031211



03142005 Chg-P CR2E034 (10/03)

4. FEI Number **52-1873443** 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

7. Name and Address of New Registered Agent

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	SIEGEL, LAURENCE C	
STREET ADDRESS	1300 WILSON BLVD #400	
CITY-ST-ZIP	ARLINGTON, VA 22209	
TITLE	EVSD	<input type="checkbox"/> Delete
NAME	FROST, THOMAS E D	
STREET ADDRESS	1300 WILSON BLVD #400	
CITY-ST-ZIP	ARLINGTON, VA 22209	
TITLE	COOD	<input type="checkbox"/> Delete
NAME	PARENT, KENNETH R	
STREET ADDRESS	1300 WILSON BLVD #400	
CITY-ST-ZIP	ARLINGTON, VA 22209	
TITLE	EVPT	<input type="checkbox"/> Delete
NAME	MORROW, MJ	
STREET ADDRESS	1300 WILSON BLVD #400	
CITY-ST-ZIP	ARLINGTON, VA 22209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frost, Thomas E.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark D. Ettenger	
STREET ADDRESS	1300 Wilson Blvd. Suite 400	
CITY-ST-ZIP	Arlington, VA 22209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: Thomas E. Frost 3/31/05 703-526-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THOMAS E. FROST EXECUTIVE VICE PRESIDENT