


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90329 032 ***150.00

DOCUMENT # F96000005509 1. Entity Name CSC CYBERTEK CORPORATION					
Principal Place of Business 1 PMSG CENTER BLYTHEWOOD, SC 29010			Mailing Address 2100 E. GRAND AVENUE TAX DEPT EL SEGUNDO, CA 90245		
2. Principal Place of Business - No P.O. Box # 3170 Fairview Park Drive Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Falls Church, Virginia			City & State		
Zip 22042		Country		4. FEI Number 95-4114831	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD COOK, JAMES D 2100 EAST GRAND AVE EL SEGUNDO, CA 90245	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GILMORE, LOU ANNE 9500 ARBORETUM BLVD AUSTIN, TX 78759	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KEANE, MICHAEL E 2100 EAST GRAND AVE EL SEGUNDO, CA 90245	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FISK, HAYWARD D 2100 EAST GRAND AVE EL SEGUNDO, CA 90245	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FLYNN, TIMOTHY 2100 EAST GRAND AVE EL SEGUNDO, CA 90245	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IRVIN, THOMAS R 2100 EAST GRAND AVE EL SEGUNDO, CA 90245	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT Donald G. DeBuck 3170 Fairview Park Drive Falls Church, Virginia 22042	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS William Deckelman 3170 Fairview Park Drive Falls Church, Virginia 22042	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Bryan Brady 2100 East Grand Avenue El Segundo, CA 90245	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas R. Irvin 3170 Fairview Park Drive Falls Church, Virginia 22042	<input checked="" 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 Chapter 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.					
SIGNATURE: <u>Bryan Brady</u> Bryan Brady 4/21/08 310.615.0311 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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