2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000000062

1. Entity Name
DELTEK SYSTEMS, INC.

Principal Place of Business	Mailing Address
13880 DULLES CORNER LANE HERNDON, VA 20171	13880 DULLES CORNER LANE HERNDON, VA 20171

03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1252625
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PC
NAME	DELASKI, KENNETH E
STREET ADDRESS	13880 DULLES CORNER LANE
CITY-ST-ZIP	HERNDON, VA 20171
TITLE	D
NAME	DELASKI, DONALD
STREET ADDRESS	13880 DULLES CORNER LANE
CITY-ST-ZIP	HERNDON, VA 20171
TITLE	S
NAME	ALLER, BABETTE
STREET ADDRESS	13880 DULLES CORNER LANE
CITY-ST-ZIP	HERNDON, VA 20171
TITLE	D
NAME	GREGG, ROBERT E
STREET ADDRESS	3110 FAIRVIEW PARK DR., #1400
CITY-ST-ZIP	FALLS CHURCH, VA 22042
TITLE	T
NAME	BECKER, LORI
STREET ADDRESS	13880 DULLES CORNER LANE
CITY-ST-ZIP	HERNDON, VA 20171
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000278019
03/28/05-80008-024 150.00

DO NOT WRITE IN THIS SPACE

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: Lori L. Becker 3-15-05 7038859457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #