

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000001308

1. Entity Name
SI INTERNATIONAL ENGINEERING, INC.



Principal Place of Business
**4040 EAST BIJOU STREET
ATTN: ACCOUNTS PAYABLE
COLORADO SPRINGS, CO 80909**

Mailing Address
**12012 SUNSET HILLS ROAD
STE. 800
RESTON, VA 20190 US**



07182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1074887

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
C/O CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCEO
OLESON, RAY
12012 SUNSET HILLS
RESTON, VA 20190**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
ANTLE, S. BRADFORD
12012 SUNSET HILLS
RESTON, VA 20190**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DANIEL, JAMES E
12012 SUNSET HILLS
RESTON, VA 20190**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ECD
DUNN, THOMAS E
12012 SUNSET HILLS
RESTON, VA 20190**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000374447
0725/05-80010-008 150.00

**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)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

7-18-05

Date

763-234-7000

Daytime Phone #