

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001646

Entity Name: MPRI, INC.

FILED  
Jan 27, 2004  
Secretary of State

## Current Principal Place of Business:

1201 E. ABINGDON DR., STE. 425  
ALEXANDRIA, VA 22314

## New Principal Place of Business:

## Current Mailing Address:

1201 E. ABINGDON DR., STE. 425  
ALEXANDRIA, VA 22314

## New Mailing Address:

FEI Number: 54-1439937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEOO ( ) Delete  
Name: VUONO, CARL  
Address: 1201 E. ABINGDON DR., STE. 425  
City-St-Zip: ALEXANDRIA, VA 22314

Title: COOO ( ) Delete  
Name: GRIFFITH, RON  
Address: 1201 E. ABINGDON DR., STE. 425  
City-St-Zip: ALEXANDRIA, VA 22314

Title: CFOO ( ) Delete  
Name: INMAN, STEVE  
Address: 1201 E. ABINGDON DR., STE. 425  
City-St-Zip: ALEXANDRIA, VA 22314

Title: GMO ( ) Delete  
Name: SAINT, CROSBIE  
Address: 1201 E. ABINGDON DR., STE. 425  
City-St-Zip: ALEXANDRIA, VA 22314

Title: GMO ( ) Delete  
Name: BATES, JARED  
Address: 1201 E. ABINGDON DR., STE. 425  
City-St-Zip: ALEXANDRIA, VA 22314

Title: VPF ( ) Delete  
Name: HUTTON, LEANNE  
Address: 1201 E. ABINGDON DR., STE. 425  
City-St-Zip: ALEXANDRIA, VA 22314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LEANNE HUTTON

VP F

01/27/2004

Electronic Signature of Signing Officer or Director

Date